MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09671 CERTIFICATE OF DEATH 09676 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Marvland Michigan MARYLAND Montomerv ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) c. CITY DR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 16 Rockville d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e IS RESIDENC d. STREET ADDRESS Van Dyke Place ON A FARM filled / Nursing/ Potromac /HUM YES NO III 3. NAME OF 4 DATE Year Doy DECEASED campletely nave carbo (Type or print) DEATH 19 S. SEX 6. CDLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR NEVER MARRIED remave last birthday) Manths Dovs Hours and in any April 13.1891 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired)
Retired-Accountant Accounting COUNTRYS Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, unknown Henry Adams IS. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, ng, ar unknown) (If yes give war ar dotes af service) 374-16-3082 Red Barn La. Potomac Betty Berry no crematian, 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. signed | DUF TO burial Canditians, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause as the prior tal WAS AUTOPSY PERFORMED? certificate has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health NO X 20g. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 9 detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20f. (City ar town) (Caunty) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this hospital) attended the deceased from June 12, 1967 to 7-7-, 1967, that (1) (we) last saw the deceased alive on June 301967, and that death accurred at 2 M, from causes and on the date stated above. be retained O FUNERAL DIRECTOR: 206 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR rances r, page be filed 22d. ADDRESS Page 4 may ! 22c. PHYSICIAN'S NAME (Type) FRANC 1601 18 directar, p 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Elmwood Cemetery July 13,196 Detroit. Michigan 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 25M 1/67 BETHESDA, MARYLAND PUMPHREY

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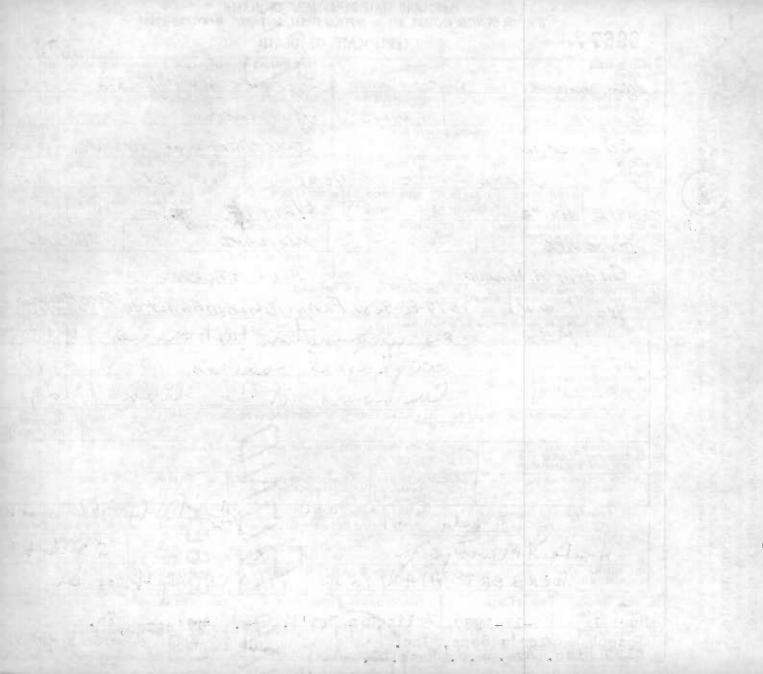
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09672 09677 CERTIFICATE OF DEATH executed within 24 hours ofter deoth I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY MONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) ROCKUILLE SPRING SILVER IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 11424 SCHUYLKILL CROSS NO V YES NAME OF Middle Lost DATE Year OF DEATH DECEASED DOROTHY LUANOS 19 (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours WHITE DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

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COCTS - Community of Dealth and Community of the Communit SILVER STRING ROCKUILLE HOLY GROSS HOSTITH - 11434 SCHUMENICH DORTHY A PLUANCE T FEHALE WHITE X 5/18/92 75 HEW JERSEY WEN WINE OF PLOYED ERNST GENTZEL GENTLEE DOWN SEDIMETER NO STR-SLADY DRUGHT ER : DOKETHY PELLES areas a ser and and an all the ser in the series and the series as for a series as an analysis and the series as a and the last result that the state of the last MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09674 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) MARYLAND DISTRICT OF Columbia O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter papers. Pages It hin 72 hours ofter c. LENGTH OF STAY IN 16 c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) ETHESDA AVS MASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? d STREET ADDRESS filled SUBURBAN 5000 MILL WOOD YES NO X NAME OF First Middle DATE Last Year DECEASED (Type or print) JAF CLULV 19 67 DEATH COL 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. CDLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED × DIVORCED FEMALE WHITE 11, BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most, of working life, even if retired) INDUSTRY MARYLAND HOUSEWIFE 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME or removal, JILBERT A. HASLUP ANNA MITURNER 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 5000 MILLWOOD (Yes, no, or unknown) (If yes give wor or dotes of service) RANCIS GLOYDAWALT, JR. W. W. 7 LANE. N.W. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by 5810 DUE TO buriol Conditions, if ony, which gove rise to immediate cause (a), . DUE TO stoting the underlying couse ottending has been the lost WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS€ASE CONDITION GIVEN IN PART 1(0) for use Health NO certificate 20o. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (Stote) 2Dc. TIME OF INJURY Month, Doy, Yeor (City or town) (County) Hour o.m. foctory, street, affice bldg., etc.) While Not While ot work ot work 21. 1 certify that (1) (this haspital) attended the deceased fram be retoined 190 and that death accurred at 74 A M. fram suses and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE STAFF ATTENDING MED. DIRECTOR M.D. director, page 3 should be filed v PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S 4 mov NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Chy or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Arlington 250. RECD BY REGISTRAR 11 50 GERSTRAR'S SIGNATURE 967 ADDRESS 24. EUNERAL DIRECTOR Sons VR A15 (4) 25M 1/67 Inc.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the faces 1 after after MARYLANO c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b Page 100/rs 2 write RURAL and give nearest town) hours N5/14/15 5 completely filled in ove carbon papers. e. IS RESIDENCE d. STREET AOORESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 24 0 YES NO executed within 3. NAME OF First Last 4. DATE Month Oay Year DECEASED DEATH 196 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and con 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIED last birthday) | Months | Oays Hours any WIDOWED OIVORCED [12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) physician in please vival, and in 10a, USUAL OCCUPATION (Give kind of work done) death certificate be during most of working life, even if retired) COUNTRY? FATHER'S NAME MOTHER'S MAJOEN NAME attending ph ermit. Then remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, o the INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH I-transi p PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed burial-tr **OUE TO** REFERENCE POTIC Conditions, If any, which been gave rise to Immediate as the b DUE TO cause (a), stating the underlying cause last. (c) has S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICATI NO DE YES T OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part il of item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TI After this certif I be detached for State Dept, of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) should be Hour a.m. While Not While ATTENDING at work 19 at work p.m. retained DIRECTOR: A age 3 should lied with the 3 that (I) ((we)) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 6 M. from the causes and on the date stated above. saw the deceased alive on 22b. 22a. SIGNATURE pe ATTENDING PHYS. MEO. DIRECTOR page PHYS. M.D. ADDRESS HOSPITAL FUNERAL PHYSICIAN'A director, p 22C. NAME (Type 400 CONNECTICUT (State) NAME OF CEMETERY OR OREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. OAZE THEREOF REMOVAL (Specify) URIAL REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **AOORESS** FUNERAL OIRECTOR 25a. Chare VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

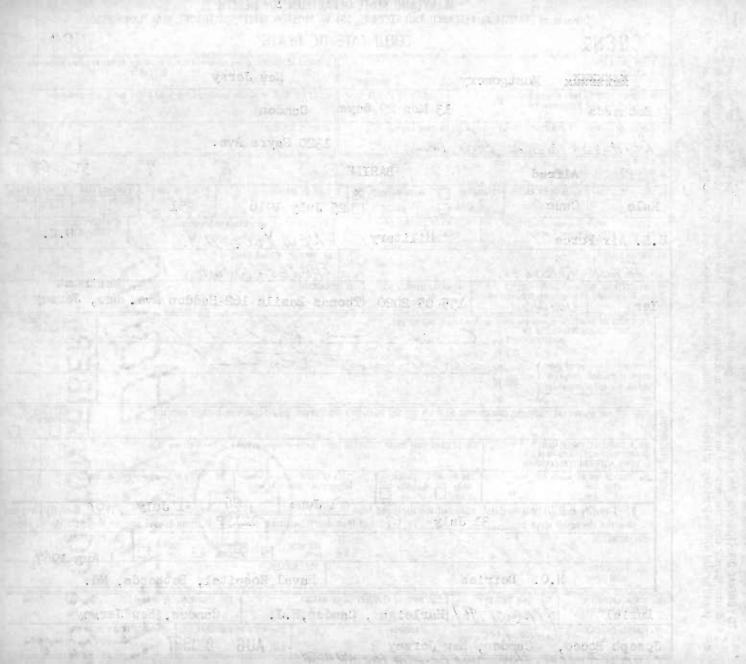
MARYLAND STATE DEPARTMENT OF HEALTH	
FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E	BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH	0565
	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E

	1. PLACE I	OF DEATH	-4			2. USUAL R	ESIDENCE (Who	ere deceased liv	ed, If institut	ion: Residenc	e before admission)
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4	d.	NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hospital,	give street oddress)		STREET ADDRESS 320 Sayrs	Ave.			e. IS RESIDENCE ON A FARM? YES NO
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5	S. SE	x ale	6. COLOR OR RACE Cauc	7. MARRIED WIDOWED	DIVORCED [25	July 1916	9	lost birthdoy) yrs.		oys Hours Min.
1	loo. l	Sual Occupation	(Give kind of work don life, even if retired) Orce	ie 10b.	KIND OF BUSINESS OR NDUSTRY Military			KN	/	12. CITIZI COUN	IN OF WHAT
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	1S. (Yes,	WAS DECEASED EVE	R IN U.S. ARMED FORCES (If yes give wor or dote	s of service) 16	. SOCIAL SECURITY NO. 55-05-2020	17. INFO	RMANT as Basile		Add	11622	Jersey
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09687 CERTIFICATE OF DEATH 09682 haurs after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Washington D.C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 15 22 days Washington D.C. Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Dille G carbon pap 1125 Spring Road Washington Sanitarium and Hospital YES NO 3. NAME OF 4. DATE Month Doy Yeor DECEASED July 20 (Type or print) Becker DEATH 19 67 none Sarah OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed cample NEVER MARRIED S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED remave last birthdoy) Haurs Manths Doys and in any WIDOWED DIVORCED 7-22-98 and female white 10a, USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

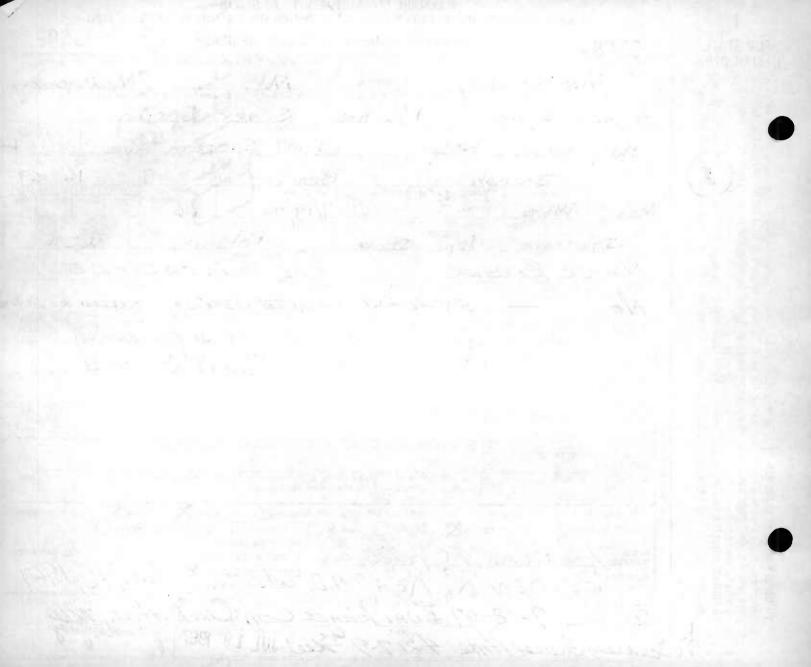
Laundry Worker

13. FATHER'S NAME please COUNTRY? INDUSTRY U.S.A. Russia 14. MOTHER'S MAIDEN NAME remaya attending phy Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service ar 577-05-8618 Patient's chart burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line, far (o), (b), opt (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by be retained by the haspital ar attending physician. DUE TO Canditions, if ony, which gave rise to immediate cause (a). DUF TO stating the underlying cause as the priar to l last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) (County) Hour o.m. factory, street, office bldg., etc.) Not While ot wark 21. I certify that (1) (this haspital) attended the deceased fram director, page 2 second A M. fram causes and an the date stated above. DIRECTOR: saw the deceased alive on and that death accurred at 127 220 SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) CHESED SHEL EMMES CEM. 7-21-67 WASHINGTON C FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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LAST THE CONTRACT OF SUBSTITUTE EVER AL PHOG 61 COSE HILL CHOPPE 162 Beston 2 -- - Aug 1279 - East. MIS 1 1881 18 18 18 18

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09689 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o. STATE b. COUNTY Page 0 MARYLAND delay 3 CLENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparale limits. c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) and give negrest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in Maspital, give street address) d. STREET ADDRESS Office alang with farm YES NO T Item 18. Give Pages 24 haurs after death. NAME OF First 4. DATE Month Doy Year Last DECEASED OF (Type or print) 500 DEATH S. SEX AGE (In veors IF LINDER 1 YEAR IE UNDER 24 HRS 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Haurs 3 Days 3 DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S MAM 14 MOTHER'S MAIDEN NAMI pencil be executed within 2 SILVERSTONE puc 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, ng. or unknown) (If yes give wor or dates of service) remaval CHARLOTTE BERGER INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY or IMMEDIATE CAUSE (a) certificate shauld writing the ward cremation, DUE TO Conditions, if ony, which gave rise ta immediate cause (a), farwarded ta DUF TO stoting the underlying cause Inst burial, WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, to 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) agent, prior CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Nat While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page designated 21. I certify that I taak charge of the remains described above, held an Autapsy [Inspection X for Inquiry N and in my apinion Natural causes the funeral directar. death resulted from: Accident Suicide Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPHTY MEDICAL EXAMINER ar **EXAMINER'S** Health (Address (Street City town) or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF (County) (State) TOCATION Wity or Taw 0 MOVAL(Specify) FUNERAL DIRECTOR VR A 15ME 15



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY 10001 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Pluosda Pages IS RESIDENCE d. NAME OF HOSPITAL 0602 Kenilworth Ave. d. STREET ADDRESS ON A FARM? YES NO 203 completely 3. NAME OF Middle DATE Dey Year DECEASED OF (Type or print) DEATH 19 9. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdey) Deys Months Hours DIVORCED T WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Washington, D. C. Insurance-Comptroller-Gov't-Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Mary Elizabeth Clements William B. Berlin Addressame as Item 2. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yesgive were rdetes of service) Yes Berling INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) factory, street, office bldg., etc.) While et Work (19, that (1) (we) last 0 saw the deceased alive on 1967 and that death occurred at I.M. from the causes and on the date stated above. 22br DATE 200. SIGNAJURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSLET 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stelle) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.5 Rock Creek Cemetery Buria Washington REGISTRAR 256 REGIST REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) PUMPHREY, Bethesda, Maryland 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

I day IDEDT Kom/word the that as Bertenes LOUIS Kentilloren Ave. Batherly Me Charles Kingsman Berling the 16 10 Nov 14, 1898 Indicating - Constitute to Constitute of the Con The second of th adquam foregradesida vent Smarling at 5 confidence of material My ocordist failure Chemic emplysmas N. 8000 None 11129 62 United 7.19.67 Rock Creek Cometery Vashington, D. C. MORNIE A. PERENER, Bethesda, Maryland 1967

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give hearest town) 24 hours ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6505 ursura NO V YES within etely NAME OF Middle Last 4. DATE Month Day DECEASED KUBER remove car (Type or print) TTES DEATH 19 executed 5. SEX AGE (In years last birthday) 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED in amy Months Days Hours WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY sician lease 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA during most of working life, even if retired) COUNTRY? ame physi death certificate 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, the CAUSE OF DEATH [Enter only one cause per line for/(a), INTERVAL BETWEEN that the -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. hrumbosi IMMEDIATE CAUSE (a) signed been signer the burial-t or to burial, DUE TO Cenditions, if any, which gave rise to immediate undeterm DUE TO (a), stating the prior underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? Nunc YES NO 4 the hospital PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) be de State factory, street, office bldg., etc.) After Id b Hour a.m. While Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 135 M, from the causes and on the date stated above. DIRECTOR age 3 short led with t saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED be be mulias ATTENDING MED. M.D. PHYS. DIRECTOR PHYS HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 20011 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) (State REMOVAL (Specify) 2 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRÉSTON STREET, BALTIMORE, MARYLAND 21201 09692 09687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTY PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) delay is and 3 to M3. Page o. COUNTY o. STATE b. COUNTY Montgomery

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Howard c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Olnev DOA Rural Simpsonville e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS in pencil in Item 18. Give Poges YES | NO Montgomery General Rt. This certificate should be executed within 24 hours ofter deoth. NAME OF 4. DATE Year along with Lost Day DECEASED (Type or print) Boardley DEATH 19 67 Lewis Roval IF UNDER 1 YEAR IF UNDER 24 HRS lond2 with S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours event within 72 hours after death. WIDOWED DIVORCED Male Negro 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) INDUSTRY COUNTRY? Gardener Maryland

14. MOTHER'S MAIDEN NAME word "pending" in pencil in the Chief Medicol Examiner's Landscaping II-S-A 13. FATHER'S NAME Bell Boardley permit. File unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 220-30-3415 Medical Records of Montg. General Hospt. no 1B. CAUSE OF DEATH (Enter only one couse per line to (o), (b).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) please execute the certificate, writing the word DUE TO in ony Conditions, if ony, which gove rise to immediate couse (o), farwarded to DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ar removal, CERTIFICATION NO YES pe 4 should be 20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY OF CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. buriol, cremotion, (City or town) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While DIRECTOR: Poge ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V Inquiry D and in my apinian Undefermined manner death resulted from Natural causes . Accident director. Hamicide be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL Heolth Actings Street City How or county 23d. LOCATION (City or Town) 0 Hopkins Church. 7-25-67 Highland, Md. 2So REC'D BY REGISTRAR VR A15ME (5) L. Snowden. Rockville, Md. DAJUL 24 Ochorles 1967 6M 1/67

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montgomery a. COUNTY a. STATE b. COUNTY and completely filled in by the 1 remove carbon papers. Pages 1, 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) District Columbia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO executed within NAME DE DATE 3. Middle Month Year Last Day DECEASED YOOKS 18 Nees DEATH 19 (0) (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. 9. 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours 88 WIDOWED [DIVORCED [yrs. attending physician a ermit. Then please re m, or removal, and in 10a. USUAL OCCUPATION (Cive kind of work done | 12. CITIZEN OF WHAT .5 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOUSE WIFE eme death certificate FATHER'S NAME MOTHER'S MAIDEN NAME 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 14th St N.W. CAUSE DF DEATH [Enter only one cause per line (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. as WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate NO 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) r this certil detached for the Dept. of I MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING F After p.m. at work at work DIRECTOR: A age 3 should lied with the 3 P 21. I certify that (I) (this hosoital) attended the deceased from. and that death occurred at 145 M. from the causes and on the date stated above. saw the deceased alive on DATE SICNED 22b. 22a. SIGNATURE page ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. O HOSPITAL pa PHYSICIAN'S 22d. **ADDRESS** FUNERAL director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY AOCATION (City, town or county) (State) 2 REMOVAL (Specify) COCI 25b. REGISTRAR'S SICNATURE REC'D BY RECISTRAR FUNERAL DIRECTOR ADDRESS 25a. Markey untemenn & Son VR A15 (4) 20M 1/65

State and saying Droot Cacer not Pous cwite 2 10.40) THAT I THAT I WE I THE WAR INCOME SOUTH THE SERVICE OF THE SERVICE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09689 CERTIFICATE OF DEATH death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montgomery Montgomery Mary Land after Pages 1 irs after **MARYLANO** b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Silver Spring wer spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Holy Cross Hospital 1810 Arcola Avenue YES NO X within etely carbon 3. NAME OF Middle OATE Last Month Oay Year **OFCEASEO** remove cart n any event, comple Eva (Type or print) Sarah Brown DEATH July 19 67 executed 6. COLOR OR RACE SEX DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 7. MARRIEO NEVER MARRIED last birthday) Months I Days Aug 26. 1897 and emale WIDOWED V DIVORCEO 60 = 1904. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INOUSTRY COUNTRY? Housewite Washington D. Own home certificate 0 13. FATHER'S NAME emoval. 14. MOTHER'S MAJOEN NAME attending ph ermit. Then harles Hulien Minnie Lerch Address O Hacola Avenue 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. the attenit death (Yes, no, or unkown) (If yes give war or dates of service) 1810 Mrs. Thelma Woodson None 220-50-6788 cremation 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit burial, cremat law requires that the ONSET ANO DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed **DUE TO** been signature Cenditions, If any, which gave rise to immediate the r to DUE TO cause (a), stating the as th underlying cause last. TIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use or use Health PERFORMEO? certificate NO R YES this cerum detached for 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be Stat p.m. at work at work retained P the 21. I certify that (I) (this hospital), aftended the deceased from DIRECTOR: age 3 should led with the ZM, from the causes and saw the deceased alive on and that death occurred at 15 the date stated above. 22a. SIGNATURE DATE SIGNEO July 19, page ATTENOING PHYS. MEQ. STAFF M.D. DIRECTOR PHYS. HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. AOORESS director, p NAME (Type) Robert C. Haile. Kerry Road. Chevy Chase. 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) WHAR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AI5 (4) OATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09690 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY AMERI MARYLAND CITY OR OWN (If outside conforate limits, write RUKAL and give newest town) c. LENGTH OF STAY IN 16 c. CITY OR LOWN (If outside corporate limits, write RURAL and live filled in papers. NAME OF HOSPITAL OR INSTITUTION (If, not in hospital, give street oddress) IS RESIDENCE ON A FARM? 360 NO TO YES NAME OF Middle DATE Month Yeor DECEASED Marshall (Type or print) and in any event, DEATH 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In UNDER 1 YEAR IF UNDER 24 HR last birthdoy) Months Dovs Hours Min. WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Analyst COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 5 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN DNEES AND DEATH DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture af injury in Port I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram and that death accurred at the fram causes and an the date stated above. saw the deceased alive an 220 SIGNANURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) Horace W. Kernton 4743 Bradley Blud directar, shauld be 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) National Memorial Park 1967 Church Lope 8434 Ageorgia Avenue 2Sb. REGISTRAR'S SIGNATURI

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death completely t physician and c burial-transit burial, cremati signed 1 the haspital ar attending **DIRECTOR:** After Page 4 may be retained by 9 VR A15 (4)

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and I would have the said Dereway Bertall - Brode Timber West Silver markets U.S. Guet. Total Land Land He was W. Materian Later and application of section of sections and section of section o Weight of July 2, 1907 Antional Removal from the State of the States

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09691 09696 CERTIFICATE OF DEATH hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and PLACE OF DEATH o. STATE Maryland b COUNTY Montgomery o. COUNTY Montgomery MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 31 days Takoma Park Takoma Park e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 34 and campletely filled 7667 Maple Aveune YES NO THE Washington Sanitarium and Hospital Middle 3. NAME OF DATE Month Yeor pan First Lost DECEASED 7-21-67 Bruen, Sr. 19 event, James Alton DEATH (Type or print) 100 requires that the death certificate be executed IF UNDER 24 HRS. IF UNDER 1 YEAR 9. AGE (In years S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED remave lost birthday) Months Doys Hours DIVORCED 7-11-04 WIDOWED white Male 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if refired a physician c America Fleming & Co. New York Stock Broker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Grace Reynolds Edward Bruen 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Patient's Chart 579-01-9162 no crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Trest DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the OR ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar **DIRECTOR:** After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Por 206. ACCIDENT WAS UNDERLYING detached for the Dept. of 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office blda., etc.) Hour o.m. Not While at work of work 1967 to 1967, that (1) (we) last 21. I certify that (1) this hospital) attended the deceased from 6 1967, and that death accurred at 6,25 AM, from causes and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Rock Creek Cemetery Washington 0 2Sb. REGISTRAR'S SIGNATURE Hines Carbany VR A15 (4) 25M 1/67 JUL 24 1967 2901 14th ot. N.W. Wash. D.C. DATE

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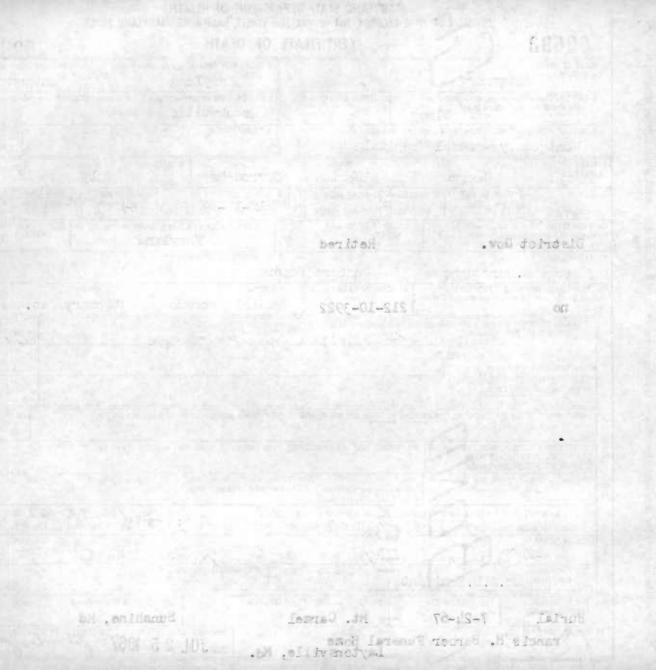
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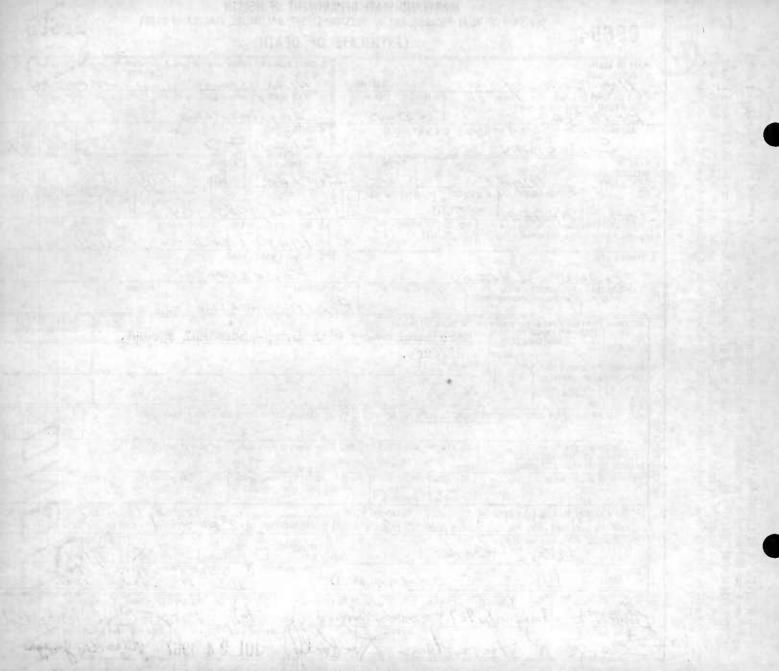
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09697 09692 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY MARYLAND HOWARD MARYLAND by m. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) tely filled in by th rban papers. Pag within 72 hours ELLICOTT CITY OLNEY 13 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled RT#2, TRIDELPHIA ROAD MONTGOMERY GENERAL HOSPITAL YES NO NAME OF Middle 4. DATE First Last Day Year campletely DECEASED 27 1967 GEORGE ANDER BURGESS JULY (Type or print) DEATH in any even IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED MALE Months lost birthdoy) Doys NEGRO 11/1/02 WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? and FARMER MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, MARY JANE BARNES FRANK BURGESS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service MEDICAL RECORDS crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS, INSTANTANEOUS IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ficate has detached far use te Dept. af Health NO LEFT CEREBRAL THROMBOSIS WITH RIGHT HEMIPLEGIA-13 DAYS DURATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH **DIRECTOR:** After this certi (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 7/4/1962, 19 , 19___, that (I) (we) last . ta 19 67, and that death accurred at9:30AM, fram causes and an the date stated above. saw the deceased alive an JULY 27 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. JULY 27, 1967 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL [NAME (Type) CHARLES S. WHITAKER, M.D. ELLICOTT CITY, MARYLAND directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION, BR OWNS CHAPEL CEMETERY DAYTON, HOWARD, MD. 7/30/67 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 4 1967 ROCKVILLE. MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09693 CERTIFICATE OF DEATH and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Brookeville papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Montgomery General ospital YES NO F within NAME OF First Middle carban Last 4. DATE Manth Year Day campletely 1967 DECEASED Burroughs July George Albert event, (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years remave birthday) Manths Hours Min 12-17-89 White any WIDOWED DIVORCED Male and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign cauntry) 12. CITIZEN OF WHAT and in physician a during most of working life, even if retired)
District Gov. INDUSTRY COUNTRY? USA Maryland Retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval, Barbara Peters George E. Burroughs attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dotes of service) en. Hospital a Montgomery Medical Records 212-10-3922 100 crematian, ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUF TO burial, Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the this certificate has been 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe detached far use te Dept. af Health YES NO K 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (Caunty) factory, street, office bldg., etc.) Not While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from Leb-saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR filed r, page be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr.A.D.Bonifant director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 7-24-67 Mt. Carmel Sunshine. Md 25b. REGISTRAR'S SIGNATURE ADDRESS Home 2So. REC'D BY REGISTRAR H. Barber Funeral VR A15 (4) 5 Laytons ville. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09699 09694 CERTIFICATE OF DEATH death. pup 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY C. CITY OR TOWN (V outside corporate limits, write RURAL and give nearest tawn) DONTGOMERY MARYLAND burial-fransit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carporate limits. write RURAL and give nearest tawn) LAVTONSVILLE BETHESDA POAVS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS PHYSICIAN: The law requires that the death certificate be executed within 24 WIBURBAN NO X YES Middle 3 NAME OF Last 4. DATE Manth Day Year DECEASED 18 BUTLER Valu 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours DIVORCED WIDOWED JUNE 26 1903 Yrs. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done COUNTRY ? during most of working life, even if retired) INDUSTRY MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys EBECCA Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service) BERNICE VACKSON 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma ovary with intra-abdominal spread, IMMEDIATE CAUSE (a) p the haspital or attending physician. diffuse. DUF TO signed t Conditions, if ony, which gove (b) rise ta immediate cause (a). DUE TO stating the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES K NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Nat While factory, street, office bldg., etc.) at wark at wark **DIRECTOR:** After be retained by Jaly 18, 1967, that the (we) las 21. I certify that ((this haspital) attended the deceased fram. 19 ta cels 18 1967, and that death accurred at 2 2M, from causes and an the date stated above saw the deceased alive an 22b. DATE-SIGNED 22a SIGNATURE ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CAHAN, MID mo 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 230. BURIAL, CREMATION, ZEMOVAL (Specify) GROVE Emory Grove 1 LMOE4 0 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09700 09695 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O STATE b. COUNTY d completely filled in Pages I MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM NO Year DECEASED (Type ar print) DEATH AGE (In years last birthday) IF LINDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED remove Manths Days Haurs WIDOWED DIVORCED and KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician c INDUSTRY COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, ar removal. attending phy permit. Then 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes_ma, or unknown) (If yes give war or dates af service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospital or attending physicion. DUE TO Canditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse os the prior to WAS AUTOPS' PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION NO certificate ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter Sature of injury in Part I ar Part II of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar tawn) (County) (State) Hour o.m. factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After at wark 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Tilly be retoined 221967 saw the deceased alive an and that death occurred _M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED director, pay M.D. DIRECTOR PHYS TO HOSPITAL Poge 4 may b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Kenneth Cruze University Blud. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION (County) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09696 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Montgomery b. COUNTY MARYLAND delay c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b ~ Bethesda. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS farm 9602 Bulls RUM in pencil in Item 18. Give Pages 1 4/13./CVI State This certificate shauld be executed within 24 hours after death. 4 shauld be farwarded to the Chief Medical Examiner's Office along with NAME OF Middle DATE Year DECEASED 67 7 DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday) Months WIDOWED any event within 72 haurs after death DIVORCED 10a. USUAL OCCUPATION (Give kind af work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of warking life, even if refired)
Student Washington.D 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eillern- Bryson burial-transit permit. File 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Strangulation necessary, please execute the certificate, writing the ward DUE TO 3 min Hanging Conditions, if any, which gave rise ta immediate cause (a), **DUE TO** stating the underlying couse Health priar ta burial, cremation, ar remaval, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 3 shauld be 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18. (Caunty) 20c. TIME OF INJURY Month, Day, Year Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page While at wark Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner the funeral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER G. BALL Bethesda .- Md. JOHN Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. ŁOCATION (City ar Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify)
Cremation Suitland, Maryland Cedar Hill Crematory 7-26-67 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 A. PUMPHREY, Bethesda, Maryland

and the second s TO PERSON VILLED TO VOTE DEFINED TO ASS. A CONTRACTOR OF THE STATE OF TH THE RESERVE . be - areassas - to. Exemption 7-2 -of the tribe weekstory that the selection of the selection The soul of the state of the st

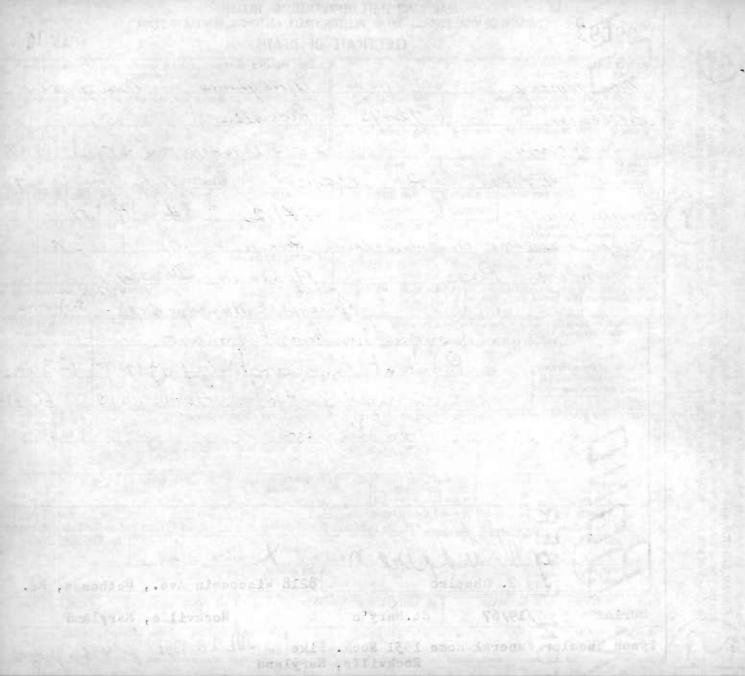
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09697 09702 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death completely filled in by the funeral nave carbon papers. Pages I and y event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomery o. STATE Montgomery Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Olney 5 days Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? crematian, or removal, and in any event, within 72 Montgomery General Hospital Park Avenue NO D 3. NAME OF First Middle 4. DATE remave torbon Last Manth Day Year DECEASED Dolly July Campbell 19 67 (Type ar print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) Months Days Hours WIDOWED DIVORCED female Negro puo 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease COUNTRY? during most of working life, even if retired) INDUSTRY unknown Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys unknown unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war or dates of service) Montgomery General Hospital records unknown 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 xem 1a IMMEDIATE CAUSE (o) by the hospitol or ottending physician. DUE TO Estinal Obstruction Canditions, if any, which gove 0 dos rise ta immediate cause (a), DUE TO stating the underlying cause the has been prior to tdenocoru noma 0.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use NO O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeor (State) foctory, street, affice bldg., etc.) Nat While ATTENDING 21. I certify that (1) (this haspital) attended the deceased fram be retained M, from causes and on the date stated above saw the deceased glive ar and that death 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles H. Lilgan, M.D. Sandy Spring, Md. director, 23b. DATE THEREOF P3c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) 7/11.67 LINCOLN PARK ROCKVILLE, MONTG, MD REGISTRAP'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) Anowder ROCKVILLE, MD. DATE

CN-ST TO THE PROPERTY OF THE PARTY OF THE PA ROCKYTELLE, UPONTO, MD. DORTAL TAIL 67 L'ELENCOLU PARK THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STAFE	09698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09703			
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY ACTOR ACCOUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of the county of the	dence before odprission			
f un detay is m. P. Dege Department of Description of	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give propose (Awn)	give nearest town)			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
ter death. If Give Pages 1, and with farm thin 72 haurs	3. NAME OF DECEASED Pirst Middle Last 4. DATE Month OF	Doy Year			
	(Type or print) Saffician Cam	DER I YEAR IF UNDER 24 HRS.			
haurs ar Item 18. Office al	100. USUAL OCCUPATION (Give kind sharper 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12	CITIZEN_OF WHAT			
	during most of warking life, even if AMARITY AUTO Shop 13. FATHER'S, NAME 14. MOTHER'S MAJDEN NAME	COUNTRY? / Jake			
wil pe xar	Tames Carpetin E/sie Tingua	11 Jean			
be executed "pending" in nief Medical E nnsit permit. F or removal, c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Heyes give wor or earlies of service) 19.38.6903 (CC) 704m/30	Me Miller			
certificate shauld be execute writing the ward "pending" arwarded ta the Chief Medical used as a burial-transit permit burial, crematian, or removal.	PART 1. DEATH WAS CAUSED of . IMMEDIATE CAUSE (o) Injuries, multiple, severe.	INTERVAL BETWEEN ONSET AND DEATH Instant			
shauld be en ward "per the ward "per the Chief burial-transit matian, or re	Conditions, if any, which gave) DUE TO Auto accident				
certificate shauld ward ward stream the Characted to the Characted as a burial-treburial, cremation,	rise to immediate couse (a), stating the underlying cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
AMINER: This es the certificate, es 4 shauld be fa aur files. Agent, prior ta be agent, prior ta be agent,	200. EXTERNAL CAUSE WAS PRIMARY Glor CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Drove can. then step 5 test. study by emiller of the contribution of the contrib				
AL EXAMINER: execute the certification r. Page 4 shauld be far your files. fOR: Page 3 should nated agent, prior	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)			
cecution Page far your offer your sted	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry				
DEPUTY MESTCAL EXAM seessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page earth or its designated age	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner				
UTY Miny, ple eral d be ret RAL D ar its	SIGNATURE EXAMINER'S SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER T.	1967 DATE SIGNED			
o DEPUTY MESCA necessary, please ever the funeral directar. 5 may be retained of FUNERAL DIRECTO	NAME (Type) Address (Street, city, town, or county) 230. CRANATORY 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)			
Cito.	RHYTER 8/3/67 Cedar Hill Crematory Suitland 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR				
VR A15ME (5)	Ritchie Bros. Fun'l Home-Maryland. DATE AUG 4 1967	wes Judge			

TO BE MITTED THE THE THE THE THE THE PROPERTY OF THE PROPERTY and by Lucia to the feet of the second John C. Bell, M.D. NAMES OF STREET HAR STREET STREET ,53 lischie Bros. Wall Lome-Tigling, and Libert

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09699 09704 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after papers. Pages 1 hin 72 hours after ARULAND MONTGOMERY c. CITY OR TOWN In autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 KUCKUILLE Thesda .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled SUBURBAN S. WASHINGTON NO X 3. NAME OF Middle pau Αij 4. DATE Lost Month Year and campletely DECEASED (Type or print) DEATH IF UNDER TYEAR 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED lost hirthdoy) in any WIDOWED DIVORCED WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ROCKUILLE 13. FATHER'S NAME COURT House - RKville 14 MOTHER'S MAIDEN NAME or remaval, ODSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service S. SpRING MONDAY- NICEE -INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse @10518 WAS AUTOPS? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO certificate Vascular disagre YES i 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram. , 19___, that (I) (we) last . 19 ___, ta_ be retained O FUNERAL DIRECTOR: saw the deceased alive an ond that death accurred at_ M. fram causes and an the date stated above. 22o. SIGNATURE 22b DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Jay R. Shapiro 8218 Wisconsin Ave., Bethesda, Md. director, shauld br 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BEMOVAL Specify) 7/19/67 St. Mary's Rockville, Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home 1331 Rock. Pike Rockville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09700 CERTIFICATE OF DEATH be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY o. COUNTY West Virginia Montgomery MARYIAND oon papers. Pages 1 within 72 haurs after and campletely filled in by the t b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Silver Spring 5 days Morgantown d. STREET ADDRESS e. IS RESIDENCE ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 912 Garrison Avenue Holy Cross Hospital NO 4 Middle 4 DATE NAME OF Lost please remove carbon First Doy Year DECEASED 13. 67 Carrico July Hobart H. DEATH Type or print DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Maril 3.1897 WIDOWED DIVORCED White Male 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? signed by the ottending physician burial-transit permit. Then please U.S.A. Univer! West Virginia law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal. Joseph Carrico Mary Britten 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give war or dotes of service Lula Craig Carrico , Morgantown . W. Va cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO has been s se as the t th priar tab stating the underlying couse Page 4 may be retained by the haspital ar attending last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO this certificate Po 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in/Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (County) (Stote) 2Dd. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended/the deceased fram and that death accurred a AM, fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATUR M.D. PHYS DIRECTOR PHYS director, page 3 shauld be filed v 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cittor Town) (County) (State) 23o. BURIAL, CREMATION, DATE THEREOF 23b. BurREMOVAL (Specify) Maple Grove Cemetery Kingwood W. Va 1967 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Home 20 M 1/66

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'pending" in pencil in Item 18. Give Poges 1,

This certificate should be executed within 24 hours after deoth. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form

necessary, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

Health prior to buriol, cremotian, or removal, and in any event within 72 hours ofter death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09706

	1, 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)			
	,-	o. COUNTY TO MARYLAND	20. STATE b. COUNTY			
	-4	b. CITY OR TOWN (If outside corporate Wmits, c. LENGTH OF STAY IN 1b	Maryland Mongamery C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
		write RURAL and give negrest town	C. CITT OK TOWN (II Outside torporote limits, write KOKAYONA give nediest town)			
	-	Silver Spring	Silver Spring 151			
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?			
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		(Type or print) Lulian. Mober	Carler DEATH / 196/			
	5. 5	SEX 6. COLON OR RACE 7. MARRIED THEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Igst bigthdoy) Months Doys Hours Min.			
	2	nale white widowed DIVORCED	8-30-22 (19st bigthdoy) Months Doys Hours Min.			
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
	duri	ing most of working life, even if retired) INDUSTRY	North Carolina COUNTRY? S. A.			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
		John R. Carter	Kate Francis			
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address			
	(Ye	is, no, or unknown) (If yes give war or dotes of service)	FAMILY			
			INTERVAL BETWEEN			
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
		IMMEDIATE CAUSE (a) Allasker	wound, loft			
		7 / DUE TO	100			
		Conditions, if ony, which gove) (b) Chest	the exsenguination			
		rise to immediate couse (o), stating the underlying couse DUE TO				
		last. (c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY			
2	NO.		PERFORMED?			
~	Z	20. EVIEDNAL CAUSE MAS	YES NO			
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING A COCCASE.	(Enter nature of injury in Port I or Port II of item also selfour Cho			
	100	CAUSE OF DEATH.	ej wirea, i - i dest			
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)			
	ME	93 of work of work of work of work of work of work	words Silve Fring Nontgomer Ind			
		21. I certify that I taok charge af the remains described above, he				
		death resulted from? Natural causes , Accident, Suice	ide N. Homicide Undetermined manner			
		1000 115	CHIEF MEDICAL EXAMINER			
		SIGNATURE SOLVEN 101 LOGA	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED			
		EXAMINER'S D - D D A A D L	DEPUTY MEDICAL EXAMINER OF 100			
2		NAME (Type) SELDEN K, NEAP MILE	Addition (the joyen or county)			
1	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)			
	100	Burgal July 16 1967 Draper Cen	netery Draper North Carolina			
	74	FUNERAL DIRECTOR JULY 16 1967 Uraper Cen	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
		W. W. Chambers Co. Piver SPJUB Ma	d DATE JUL 17 1967 Johnson Judge			
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MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO NO

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IF UNDER 24 HRS

Hours

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

22b. DATE SIGNED

NO

(State)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09707 CERTIFICATE OF DEATH 09702 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If autside c LENGTH OF STAY IN 1b. corporate limits, write RURAL and give nearest town) Dring HOSPITAL ORAINSTITUTION (If not in hospital, give street address d. STREET ADDRESS filled i NAME OF pau DATE Manth completely DECEASED PYhard DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED last birthday) Months WIDOWED DIVORCED and rem 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY. 13. FATHERS NAMI ar WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO **INFORMANT** Yes, no, or unknown) (If yes give wor or dates af service 18. CAUSE OF DEATH (Enter only one couse per line for (a) PART I. DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (a) attending physician. DUE TO Canditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse be detached far use as the State Dept. of Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INITIRY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) TO FUNERAL DIRECTOR: After this Hour 'a.m. factory, street, affice bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at P. saw the deceased alive on, M, fram kauses and an the dote stated above

ATTENDING

22d. ADDRESS

PHYS

DIRECTOR

25a. REC'D BY REGISTRAR

PHYS.

23d. LOCATION (City or Tawn)

25b.

M.D

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS 8655 GA. AVE.

director, page shauld be filed VR A15 (4) 25M 1/67

22a. SIGNATURE

22c. PHYSICIAN'S

23a. BURIAL, CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR

23b. DATE THEREOF

The law requires that the death certificate be executed within 24 haurs after

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TO THE RESIDENCE OF THE RESERVE AS A SUPERIOR the state of the s the season of th o . . . the place of both hid wis training ENTER THE PROPERTY OF THE PARTY the promit is

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09704 The low requires that the deoth certificate be executed within 24 hours after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgomery b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b "write RURAL and give nearest town) Silver Spring Julier Spring HEGES e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Peper peper thin 72 10712 Gregory Street 10712 Gregory Street YES NO X corpor NAME OF Middle 4. DATE the attending physician and completely isit permit. Then please remove corbon First Last Month Day Year DECEASED Cobb 12 67 19 4tace (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** birthday) Jan 1, 4889K 1899 Hours temale white WIDOWED DIVORCED and in any 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own home COUNTRY West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Wood Bertie Plumley nown WAS DECEASED EVER IN U.S. ARMED/FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 712 Gregory (Yes, no, or unknown) (If yes give wor ar dates of service) 0 Albert B. Cobb cremotian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO burial Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been prior to os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? use of Heolth NO P YES Pot 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) the Stote Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Manth, Day, Yeor (County) Haur o.m. Nat While foctory, street, office bldg., etc.) should be 21. I certify that (1) (this hospital) attended the deceased from 12 manh, 19 55 to 12 gr 1967, that (1) (we) last 10 March 1967, and that death accurred at 8 A M, fram causes and an the date stated above saw the deceased alive an___ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Seruch J. Pershina Drive Kimble director, should b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) Parklawn Cemetery Rockville Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Melanles VR A15 (4) DATEUL 20 M 1/66 Pumphreu

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		09705	CERTIFICATE	OF DEATH		09710
	(PLACE OF DEATH D. COUNTY D. CITY OR TOWN (If outside corparate limits,	/ MARYLAND	o. STATE	here deceosed lived, if institution of the comparate limits, write RUR	inec Trorge
	7	write RURAL and give hebrest (100m) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in h	aspital, give street address)	Beltov d. STREET ADDRESS	11/2	e. IS RESIDENCE ON A FARM?
	-	Vachington Janita NAME OF DECEASED Type or print) Bert	nium (108p; Tall) niddle ha None	Cohn Cohn	4. DATU Mant OF DEATH	h Doy Year 3 9 1967
	S. S. 100.		ARRIED NEVER MARRIED B DOWED DIVORCED 10b. KIND OF BUSINESS OR	B. DATE OF BIRTH 8-17-8 (LL. BIRTHPLACE (County &	9. AGE (In years last birthday) yrs. State, or fareign country)	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min. 12. CITIZEN OF WHAT
	duri	ng mast af warking lite, even if netired) FATHER'S NAME	own home	14. MOTHER'S MAIDEN N	Lork	COUNTRY'S . Q
	1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na; or unknawn) (If yes give war ar dates af servi		nformant fon	Sanitarium	"Takoma Box Mo
		1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Conquisive hea	st Jailu	re	INTERVAL BETWEEN ONSET AND DEATH
		rise ta immediate cause (o), stating the underlying couse (c). DUE TO (c) (c)	Cheumatic &	ever		childhood
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Po	art I or Part II af item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a.m. p.m. 19	While at work factor	E OF INJURY (Hame, form, ary, street, affice bldg., etc.)		(County) (State)
			oftended the deceosed from 1967 , and that			
		22a. SIGNATURE	off M.D	PHYS. L D	NED. STAFF PHYS.	22b. DATE SIGNED / 67
		22c. PHYSICIAN'S NAME (Type) WALTER	GOOZH MD	22d. ADDRESS 2309 SH	OREFIELD	RD WHEATON
	230.	BURIAL (REMATION, REMOVAL (Specify) Burial July 31,1	23c. NAME OF CEMETERY OR CO. 967 Mt. Lebanon	Cemetery	23d. LOCATION (City or Total Hyattsville,	wn) (County) (Stote) Pr. George, MD.
	Då	nala M. Stein Hebrew	Mamoria 7 ADDRESS 9 Cann	oll St. 250. REC'D h., D. O. DATE AU	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
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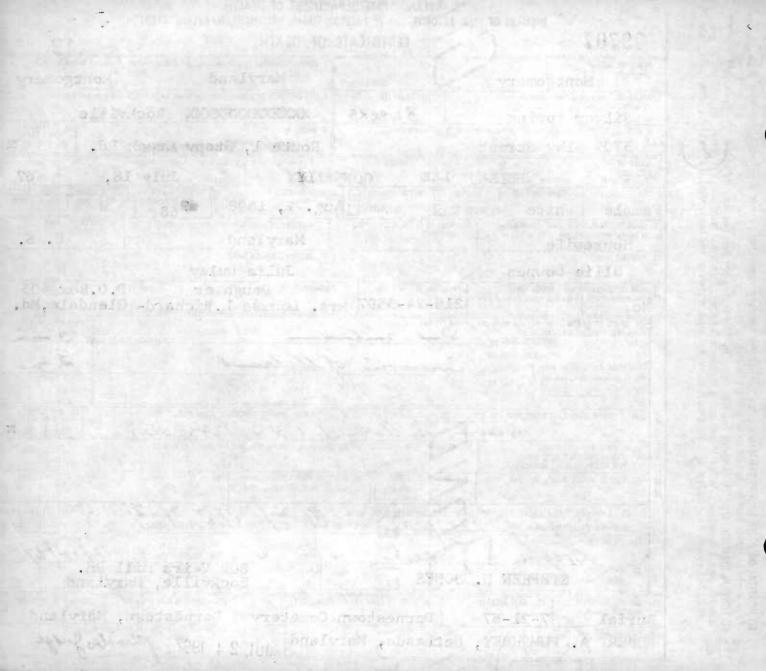
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 and be filed with the State Dept. of Health prior to burial, crematian, or remayal, and in any events within 72 haurs after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09711 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY Page af FLORIDA SEMINOLE delay Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3. WITION (If not in bespital give street d. STREET ADDRESS e IS RESIDENC DN A FARM? 3051 CECELIA NAME OF 4. DATE Lost Month Doy Year DECEASED File pages 1 and 2 with the COLE EDWARD JULY (Type or print) DEATH S SEX 6. COLDR DR RACE B. DATE DE BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED lost birthdoy) Months Dovs within 72 hours after death. 8-63 WIDDWED DIVDRCED Examiner's Office 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 12. CITIZEN DF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** FLORIDA pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBBINS GORDON WAS DECEASED EVER IN U.S. ARMED EDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Medical (Yes, no, or unknown) (If yes give wor or dates of service) pending GORDONW, COLE SAME AS AB 1B. CAUSE OF DEATH (Enter only one couse per line or (o), (b), ond (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY farwarded to the Chief event IMMEDIATE CAUSE (o) writing the ward This certificate shauld DUE TD dny Conditions, if any, which gove rise to immediate cause (a), 2 DUE TO stoting the underlying couse ond 19. WAS AUTDPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificate, pe 1 shauld be 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE DA DEATH. 3 shauld 0 crematian, PLACE OF INJURY (Home, form, (City or town) 20c. TIME DF INJURY Month, Doy, Year foctory/street, office bldg., etc.) ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion may be retained far FUNERAL DIRECTOR: Accident deoth resulted from Natural causes Undefermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior SIGNATURE **EXAMINER'S** 5 may FO FUNE Health NAME (Type) the VR A15ME (5)

42MM3C 80x3647 101 ANGUA PARA TEND BUSINESS OF SELECTION DING WAYE THE BOOK STORES STAN PLORID # # # 19019 GORDON WILLIAM COLE LEHYLE KOBBINS SUCHA ZA AMAZ BAGO, W GOORGE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09707 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) 3 WEEKS Rockville Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3709 Elby Street Route 1. Stony Creek Rd. YES NO DX NAME OF 4. DATE First Middle Last Month Year DECEASED LEE CONNELLY HELEN July 18. 19 67 DEATH (Type or print) Car B. DATE OF BIRTH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years 7. MARRIED birthday) Manths Aug. 7, 1898 White Female WIDOWED 3 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) physician (UNDITITIES COUNTRY? Maryland S. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Ollie Downes Julia Duley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address P. O. Box 405 (Yes_na, ar unknown) (If yes give war or dates af service) 218-24-3397 Mrs. Louise L. Richard- Glendale, Md. cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSEL AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospitol or attending physicion. DUE TO Canditians, if any, which gave rise to immediate cause (o), DUF TO stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO PK 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour 'o.m. Not While factory, street, office bldg., etc.) at work ot work 19 54 ta 19_67 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 17/ 19 (1), and that death accurred at 3.30 AM, fram causes and an the date stated above. saw the deceased alive an_ FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, page should be filed 809 Veirs Mill 22d. ADDRESS 22c. PHYSICIAN'S STEPHEN JONES NAME (Type) Rockville. Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, Burial (Specify) Darnestown, Maryland 7-21-67 Darnestown Cemeterv PUMPHREY, Bethesda, Maryland 2Sq. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Muarles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 E U
HEALTH DEPT.	1 PLACE OF DEATH 2	fore odmission)
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delay and 3 A3. Pag	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown) 3 4 10 10 10 10 10 10 10 10 10 10 10 10 10	rest town)
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INER: This certificate should be executed within 24 hours ofter death. If any delay is se certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office olong with form—PM3. Page files. 3 should be used as a buriol-transit permit. File pages I and 2 with the State Department of tion, or removal, and in any event within 72 hours after death.	Ernest Cooper Dorothy Thomas	
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should be e ne word "per to the Chief ! buriol-tronsit n ony event v	DUE 10	3 hours
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L EXA ecute Poge or you R: Pag		nd in my apinian
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Sory Uner Uner IV be	EXAMINER'S NAME (Type) Address (Street, city, town, or county)	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE HEALTH DERT.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office olong with farm

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land2 w Health priar to buriol, crematian, ar removal, and in any event within 72 hours after death MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		PLACE OF DEATH			ere deceosed lived, if institutio		on)
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	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA			
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		21. I certify that Ltook charge of the remai	ins described obove, he	ld on Autopsy .	Inspection X, Inqui	ry 🔀 and in my	opinion
		death resulted from: Notural couses	Accident . Suici	de . Homicide	Undetermined mo	nner	
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		SIGNATURE / Olden / ()	leas?	M.D. ASSISTANT MEDICA	AL EXAMINER	22. DATE	SIGNED
-		EXAMINER'S D	John W	DEPUTY ALEDICAL	EXAMINER D	le 10. 191	17
X		NAME (Type) BELDEN /.	JOHP MI	Address (Silver, 4	ity, town, or county)	7 //	- /
	230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	REMATORY	23d. LOCATION (Crist or Tow	(County) (!	Stote)
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	234	hin But DIREGIO Mas Jely Bollinger . 84	134 Georgia Au	Jenue 250. REC'D B	REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE	
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CONTRACTOR DO CONTRACTOR San Marin Committee Committee Manageria e Del Leve - Maria (e -) Vallanares - Le - - Manageria e - Carlo C. Tay Town Street wien what, S. S., Id. Mark Marks Comment Company March & March States (CB) Black States (CB) Records to the second Eneral gray of the delibertor that Senter friends, Bedieter

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH O. COUNTY BRODYN NY b. COUNTY Maryland Prince Georges MARYLAND Montgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Wheaton IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ES I NO X University Nursino 2807 Nicholson St. Home Year Middle 4. DATE 3. NAME OF First DECEASED Corbett Cob= Frank James 19 (0 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Manths Days Haurs White Male WIDOWED DIVORCED and in any ren 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired to Francit operate INDUSTRY Bronx NY. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME J. CORBETT IAMES Address CAME AS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ORBETT. permit. 10 6665A (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a) (b) and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO for 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred a 150 OM, from causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 220. SLONAFORE DIRECTOR M.D. PHYS. 22d. ADDRESS NAME (Type) director, (State) 23a. BURIAL, CREMATION MARYLAND REMOVAL (Specify) INCOLN CEM. ADENS BURG. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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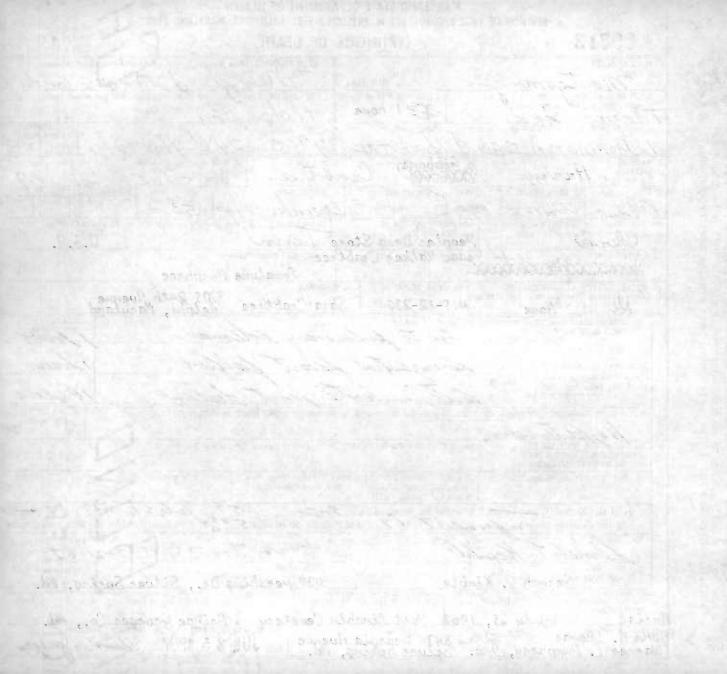
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) 1. PLACE OF DEATH a. COUNTY on tgomery o. STATE Maryland b. COUNTY and in any event, within 72 haurs after MARYLAND Montgomerv c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Rowrite RURAL and give neorest town) hours Rockville e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 1643 E. Jefferson Street 1643 E. Jefferson Street YES NO within 4. DATE Month 3. NAME OF First Middle Year and completely remove carban DECEASED EDUTN T. CORNELIUS DEATH July 20.1967 19 (Type or print) PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 dast birthdoy) Manths Haurs Male White 5/24/87 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during mast of working life, even if retired) INDUSTRY attending physician permit. Then please Missouri 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal, Delilah Lear Samuel Cornelius 17 INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give war ar dotes af service) permit. 449-50-6236 Lottie R. Cornelius-Item# 2 cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY GEANULOCYTIC LEUKEMIA IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUF TO Conditions, if any, which gove (b) rise to immediate couse (a). DUF TO stating the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION NO far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Haur a.m. Nat While of work ot work , 1963, to 7 - 20, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from JUNE 20 1967, and that death accurred at 200 AM, fram causes and on the date stated above. shauld saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS directar, page shauld be filed filed 22c. PHYSICIAN'S W. Montg. Ave., Rockville, Md. W. G. Hall NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) 7/24/67 Rockville, Marvland Parklawn Buria Funeral Home-1331 Rockville Rockville, Md. 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09713 CERTIFICATE OF DEATH after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If autode corporate limits write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) hour ve carbon papers. P event, within 72 hou xom A d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM NO F YES 3 NAME OF 4. DATE Year completely DECEASED (Type or print) DEATH SEX IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED AGE (In years IF UNDER 24 HRS hirthday) Months Hours WIDOWED DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRIHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? please Peoples Drug Store enn. Crabte He MOTHER'S MAIDEN NAME 13. FATHER'S NAM saac Walker or removol, ig phy Then Emmalune Murphree IS. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes no, or unknown) (If yes give war or dotes of service th Avenue 415-12-2304 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse ottending the last. SD WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) of Health NO or certificote 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) by the hospitol OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at wark ot work 21. I certify that (1) (this hospital) attended the deceased fram Income be retained M, fram tauses and an the date stated above. saw the deceased alive an Accord 17 1967, and that death accurred at 5 TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED 7-21-67. M.D. DIRECTOR PHYS. PHYS r, page be filed 22d. ADDRESS Poge 4 moy t 22c. PHYSICIAN'S NAME (Type) 927 Pershina Dr. Seruch 7 Silver Spring director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (Stote) (County) REMOVAL (Specify) Cometery Prince Georges 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after MARYLAND ontgomery Montgomery b. CITY OR TOWN (If outside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) 15 hrs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) nt within YES NO X Sarbon NAME OF Middle Day Year completely DECEASED ressler Louise 19 67 (Type or print) DEATH Vulu S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS. remave NEVER MARRIED last birthday) Manths 12-25-1877 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Dwn home attending physician sermit. Then please Nebraska merica 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Donald Staley, 1703 (Yes, na, arunknawn) (If yes give war ar dates af service) 213-50-4911 Chart Washington 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) signed by DHE TO Canditians, if any, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS!
PERFORMED? has YES 🔀 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Page 4 may be retained by 1903, ta 7 - 14, 1967; that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from approximately 1967, and that death occurred at/1 2PM, fram causes and on the date stated above. saw the deceased alive an 7-14 O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Seruch J. Kimble NAME (Type) 927 Pershing Dr. Silver Spring. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. 8URIAL, CREMATION, (County) Burial (Specify) Arlington National Arlington. Cemetery 256. REGISTRAR'S SIGNATURE 434 ADDRESS Avenue 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Pumphrey. Inc. Silver Spring

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M CERTIFICATE OF DEATH	ARYLAND 09720
1.	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution on STATE S. COUNTY MARYLAND D. COUNTY MARYLAND	mont.Co.
-	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE
3.	NAME OF DECEASED Middle 305 M. Barn St. Af	ON A FARM? YES NO Yeer
5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lest birthdey) Months	
	USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) DIVORCED 1236 175. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
15	FATHER'S NAME 14. MOTHER'S MAIDEN AME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Inc. Muphown] [(Ifyos give were or deles of service)]	
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nonatal atelectasis	INTERVAL BETWEEN ONSET AND DEATH 12/12
	Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. DUE TO (b) Promoturity (c)	12 hrs.
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	saw the deceased alive on	n the date stated above
	22e. SIGNATURE 22e. PHYSICIAN'S ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7/	23/67 SIGNE
23	NAME (Type) 6. BURIAL CREMATION) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL Specify) 72467 BUSINELLE THEREOF BOLLOGION (City, town, or co	ntgomen - mo
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09716 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY o. STATE District of Columbia Montgomery MARYLAND burial-transit permit. Then please remave carbon papers. Pages, burial, cremation, or removal, and in any event, within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 3 days Washington Wheaton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS University Nursing Home YES NO X 844 Jefferson St., N.W. Middle Last 4. DATE Doy Year 3. NAME OF First DECEASED 19 67 DEATH (Type or print) Walter Crockett Thomas IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED lost birthday) Manths Days Hours DIVORCED March 3. 1899 WIDOWED male colored 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during mast of warking life, even if retired) INDUSTRY South Carolina Handyman USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Crockett Louise Galmon 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-05-6276 No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Adeno carcinoma of cecum IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creases DUE TO Conditions, if ony, which gove and Transverse Colon rise ta immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO Se 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram Tuky 25, 1967, ta Tuky 27, 1967, that (1) (we) last saw the deceased alive an Juky 25, 1967, and that death accurred at 730AM, fram causes and an the date stated above. 1967, to July 27, 1967, that (1) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING 7-28-61 shin DIRECTOR M.D. 22d. ADDRESS10820 Georgia Avenue 22c. PHYSICIAN'S Blanche G. Bendler NAME (Type) Wheaton, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 8-1-67 Harmony Memorial Park Landover 9 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR Funeral Home, Washington, D. Villayes 196 VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09717 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death by the funeral Pages 1 and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CQUNTY a. STATE b. COUNTY Montgomery Maruland Montgomeru MARYI AND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) write RURAL and give negrest tawn) Jakoma Park uears lakoma d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 616-Elm Street Elm Street 616 YES [NO K 3. NAME OF Middle 4 DATE bon First Last Month Day Year DECEASED July 19 67 Mary Curtis (Type ar print) DEATH 9. AGE (In years IF UNDER 24 HRS. S. SFX DATE OF BIRTH JF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths birthday) Days Hours May 18, 1894 White Female WIDOWED DIVORCED and in ony 10a, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b during most of working life, even if retired) INDUSTRY COUNTRY pleose Own home Germantown, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol, Charles Wallace Hughes Martha Biggs 616 Elm Street WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p buriol, cremoti INSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by DUE TO Canditians, if any, which gave Cardiovasco las discus rise ta immediate cause (a). DUE TO stating the underlying cause by the hospitol or ottending the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) toched for use Dept. of Health p YES NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. (City or town) (State) 20c, TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) Nat While be defo Haur a.m. factory, street, affice bldg., etc.) ATTENDING at wark 21. I certify that (1) (this hospital) attended the deceased fram. 1963, ta 19 (e) T that (1) (we) last be retained 3 19 6 7, and that death accurred at 9 P M, fram causes and an the date stated above saw the deceased glive an 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. director, poge 3 M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S St nw 4830 NAME (Type) mD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Darnestown Presbyterian Cemetery Darnestown 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 196

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MARYLAND STATE DEPARTMENT OF HEALTH

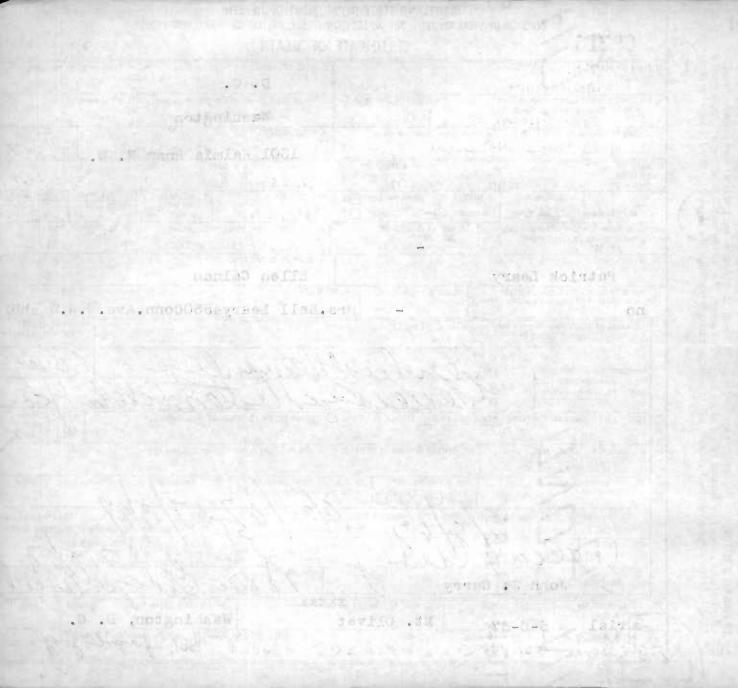
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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OR CO	NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	200. 003	CRIBE HOW INJOK! OCCORRED.	true, udioie di infort in	rair i ai rair ii ai nein ia.,	
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so	aw the deceased alive an	1/5	(19), and tha	t death accurred at	M, fran causes of	modon the date stated above
22a.	SIGNATURE Delec.	1 10	1 inn	ATTENDING PHYS.	MED. DIRECTOR DIPOS.	22b. DATE SIGNED
22c.	PHYSICIANS John J.	Curry		22d. ADDRESS	20 Year	324 July
	AL, CREMATION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY OF	THE MATORYX .	23d. LOCATION (City or Toy	(Caunty) (State)
REMO	OVAL (Specify) rial 6-6-6	7.	Mt. Olivet		Washington	, D. C.
24. FUNE	BE DEFICE J. Col	ene	ADDRESS	2So. REC	D BY REGISTRAR 25b. BE	STRAR'S SIGNATURE
F.J.	COLLINS 3821-14		UW WASH.DO	O DATE U	TO 1301	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in payevent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09719 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Montgomery o. STATE Maryland o. COUNTY MARYLAND papers. Pages I b. CITY OR TOWN (If ourside corporate limits, write RURAL ond give neorest town) The law requires that the death certificate be executed within 24 haurs after and campletely filled in by the remave carbon papers. Pages c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Weeks Kensinoton Wheaton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 11225 Newport Mill Rd. 901 Arcola Ave. NO K within University Nursino Home 4. DATE Middle Month Doy Year 3. NAME OF Lost DECEASED Davis 19. 19 67 Margaret Nolia July DEATH (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED crematian, ar remaval, and in any ev birthdoy) Months Dovs Hours 4/12/1903 Female Caus. WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Hazelton, Pennsylvania USA Housewife 14 MOTHER'S MAIDEN NAME (Unknown) Edwards James Jones 11227ess Newport Mill Don 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 553-52-7115 George A. Davis -Kensington, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH TAR am Bosis burial-transit IMMEDIATE CAUSE (o) signed by **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by DUE TO ARTERIOSCLEROTIL CEREBROVASCULAR Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse detached far use as the te Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO V 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) ot work ot work . 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram ?? 1967 ta 1967, and that death accurred at 1 AM, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** M.D. , page 3 be filed 22d. ADDRESS 22c PHYSICIAN'S POLLEN CONNECTICUT ARE NAME (Type) RICHARD 10400 directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) Monocacy Cemetery Beallsville, Maryland 7-22-67 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland DATE. 20 M 1/66

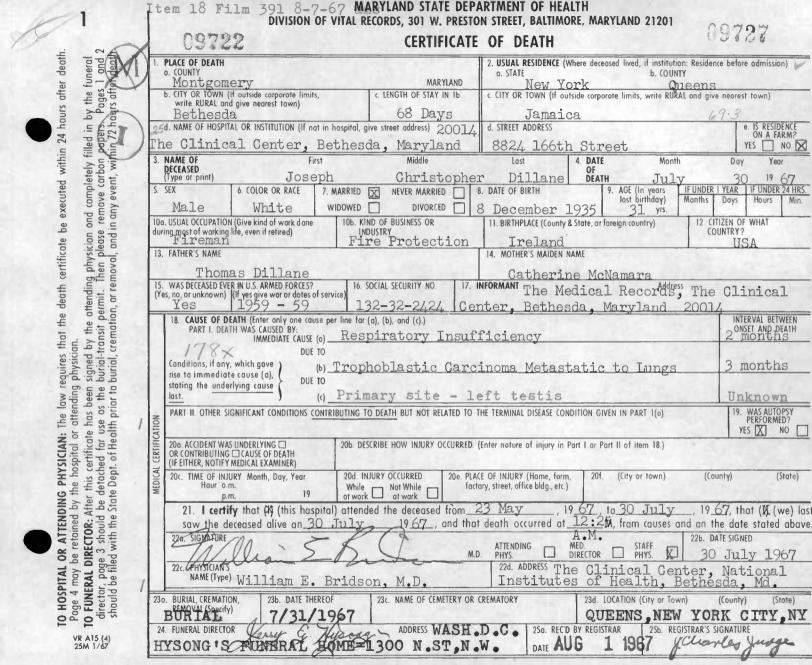
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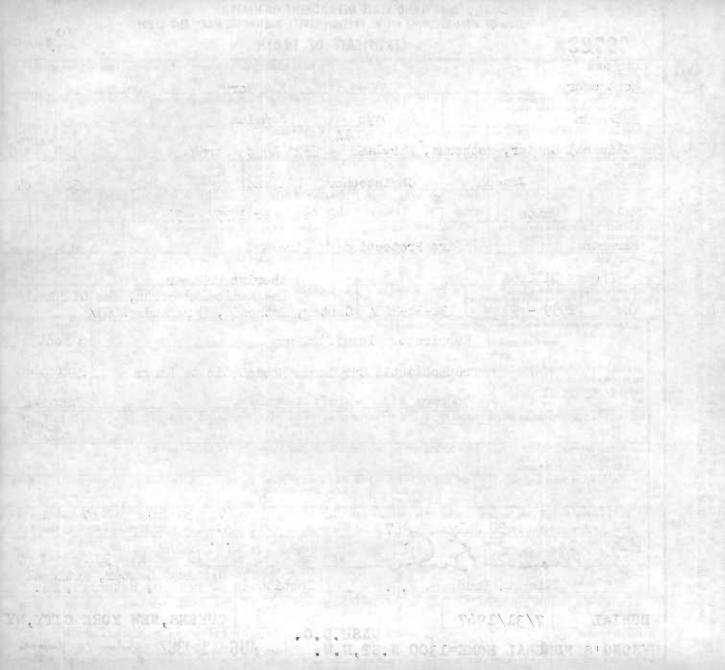
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s certificate shauld be executed within 24 haurs after deathe, writing the ward "pending" in pencil in Item 18. Give Pag farwarded to the Chief Medical Examiner's Office along with tused as a burial-transit permit. File pages land 2 with mare 5 to laval, and in any event within 72 haurs after death	18. CAUSE OF D PART I. DEA Conditions, if one rise to immedio stoting the under	y, which gove) te couse (o),	E (0) AC), (b), ond (c).) ute corons terioscler			ency			VAL BETWEEN T AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. by the funeral funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Montgomery b. COUNTY MARYLAND Montgomery requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL_ond give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring -)nrina 30 HEGRA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊆ d. STREET ADDRESS physician and campletely filled 1314 Cresthaven Drive 1314 Cresthaven Drive YES NO DE NAME OF Middle 4. DATE Pan First Lost Month Doy Year DECEASED OF DEATH Elizabeth July 26 19 67 car (Type or print) event 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED Dd. NEVER MARRIED remove lost birthdoy) Months Doys Hours July 15, 1899 in any temale white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) please INDUSTRY Hampton, Virginia Housewife Jun home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending physical Then p removal, Susan Jane Bulifant John M. Walker 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Xes, no, or unknown) (If yes nive wor or dotes of service) resthauen Drive Б 214-05-2561 Herman M. Dila crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: signed by the burial-transit p burial, cremati ONSET AND DEATH Carcinoma of Colon IMMEDIATE CAUSE (o). DUF TO over one Conditions, if ony, which gove (b) rise to immediate couse (o), vear DUE TO stoting the underlying couse priar tal has been PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION detached far use te Dept. of Health NO K TO FUNERAL DIRECTOR: After this certificate by the haspital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Not While of work ATTENDING ot work ded the deceased from May 29, 19,67, to July 26, 19,67, that (1) (we) last 26, 19,67, and that death accurred at 9,354M, from causes and an the date stated above. 21. I certify that (1) (this hospital) attended the deceased from_ TO HOSPITAL OR ATTENE Page 4 may be retained saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE 7/26/67 DIRECTOR PHYS. M.D. PHYS directar, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Norman H. 11161 New Hampshire Ave. S. S. Md. Rubenstein, MdD. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION Fort Lincoln Cemetery 250. REC'D BY REGISTRAR. 25b, REGISTRAR'S SIGNATURE VR A15 (4) Inc. 20 M 1/66 Pumphrey.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY MONTGOMER o. COUNTY o. STATE Poge MARYLAND ONTGOMERY CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) puo write RURAL and give nearest town SPRING SILVER e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS form hours Give Poges after deoth. 3. NAME OF Middle 4. DATE Month Year DECEASED RTHUR ACA 19 63 (Type or print) DEATH LIOA along 9. AGE (In years last birthday) S. SEX IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRT Manths Hours hours WIDOWED DIVORCED event tem | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? Printer Mc Clouth, Kansas 13. FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME George F. Dillon Emma Jones puo 17. INFORMANT Parkside Road 16. SOCIAL SECURITY NO be executed (Yes na, or unknawn) (If yes give war ar dates af service) or removal, Alethea B. Dillon CAUSE OF DEATH (Enter only one cause per line Ad buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) should writing the word cremotion, DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO certificote stoting the underlying couse 0 SD burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPS please execute the certificate. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge 19 at work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 1 Inquiry X and in my apinian funerol director. death resulted fram: Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINED 10 EXAMINER'S 5 moy O FUNE Heolth NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City or Town 23a. BURIAL CREMATION (County) REMOVAL (Specify) olesville Methodist (Colesville. Maryland VR A15ME (5) Maryland 6M 1/66 ver Spring.

Market Market Market STUTE FORE THE SILVER SEENE HOLY CROSS HOSPITHL HPACKSIDE ROLL ARTHUR DE LOS TOPIS SE SUNTAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09729 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery Montgomery Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neacest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Holy Cross Hospital 3608 Randolph Rd within YES NO NAME OF 4. DATE remave carban Last Month Dov Year DECEASED Dixon Benjamin-Franklin-67 19 DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Haurs and in any white 3-17-05 WIDOWED DIVORCED and 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please Davidsonville, Md carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Eldridge Edwin Dixon Frances Phipps 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO Address 3608 Randolph Rd 17 INFORMANT 577-22-0730 Mrs. Amelia Dixon crematian, EXAM 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: (wife) signed by the burial-transit p ONSET AND DEATH VENTRICULAR FIBRILLATION. IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave THROMBOSIS rise ta immediate cause (a), DUE TO stating the underlying cause of Health priar ta as the STHEROS CLEROS ME DICA last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO ar 20o. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER BX 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour 'a.m. factory, street, office bldg., etc.) Nat While ot work at wark **FUNERAL DIRECTOR:** After ol) attended the deceased from July 13 , 1967, to July 22, 1967, that (I) (we) lost July 15 1967, and that death occurred at 1179 M, from couses and on the date stoted obove. 21. I certify that (I) (this haspitol) attended the deceased from. sow the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS MD Hu 60 NAME (Type) 10100 CEMETERY OR CREMATORY LOCATION (City on Town) JURIAL, CREMATION. 23b. DATE THEREO (County) 0 250. REC'D BY REGISTRAR
DATE JUL 2 5 VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09725 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) . PLACE OF DEATH b. COUNTY o. COUNTY Montgomery o. STATE Maryland Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) campletely filled in by the c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, Silver Spring write SIRATORY airy ne Con town) ng IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS papers. 3709 Elby Street Holy Cross Hospital YES NO P burial, crematian, or remaval, and in any event, within 4. DATE Year NAME OF Middle Last Month remave carban 19 67 July DECEASED Burgess E. Dodson DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 8 DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED las thdoy) Months Dovs Hours White 10-3-1904 Male WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country)

Virginia 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTS? A. during report of working life even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther Dodson Ida 2006AddRockland Ave. 16. SOCIAL SECURITY NO. 17. INFORMANT Son 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ocunknown) (If yes pive wor or dotes of service) 579-07-9886 burial-transit permit. - Rockville. Md. Upton L. Dodson INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) MYOCARDIAL INFARCTION signed by be retained by the haspital ar attending physician. ARTERIOSCLEROTIC HEART DISEASE Vens Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While , 19.65, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ , 1967, ta_ 7/15 19 67, and that death accurred at 5 P M, from causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. N M.D. 22d. ADDRESS 22c. PHYSICIAN'S KENSINGTON ICHARD JOLLEN 10400 CONNECTICUT AVE NAME (Type) MP 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF Burial Burial 7-18-67 Monocacy Cemetery y Beallsville 250. REC'D BY REGISTRAR 25b, REGISTRAR **#UNERAL DIRECTOR** Bethesda, Maryland Charles VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09726 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Pennsylvania Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Bethesda c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 17 Days Easton Illed in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS The Clinical Center, Bethesda, Maryland 505-B Charles Street YES T NO X NAME OF First 4. DATE Lost Manth Day Year DECEASED Dold July 19 67 (Type ar print) Joseph August DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours ond in any WIDOWED Male White DIVORCED 6 March 1920 puo 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physicion o during most of working life, even if retired) INDUSTRY Pennsylvania Laboratory Technician IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, John Dold Emily Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record's (Yes, no, or unknown) (If yes give wor or dates of service) 0 The Clinical Center, Bethesda, Maryland Yes 203-09-1999 cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Cardiac Arrest IMMEDIATE CAUSE (a). **DUE TO** Conditions, if any, which gove Status Epilepticus 38 hours rise to immediate cause (o), DUE TO stating the underlying couse (c) Craniopharyngioma vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY After this certificate hos PERFORMED? YES X NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Nat While of work at work _____, 19<u>67</u>, ta <u>July 20</u>, 19<u>67</u>, that (X) (we) last 21. I certify that (X) (this haspital) attended the deceased fram_ July 3 be retoined 19 67, and that death accurred at 35 M, from causes and an the date stated above. saw the deceased alive an July 20 DIRECTOR: 220. SIGNAPURE 22b. DATE SIGNED T 20 July 1967 PHYS. M.D. 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Robert A. Ratcheson, M.D. Institutes of Health, Bethesda, Md. director, 230. BURIAL, CREMATION,
REMOVAL(Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Stote) (County) 22 JULY 1967 FASTON 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67 7400 GEORGIA HUE. N.W. INALDI TUNERAL HOME LAR

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death death funeral puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befale admission) PLACE OF DEATH o. COUNTY Maryland b. COUNTYMontgomery Montgome ry MARYLAND by the t b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 16 VR5 Wheaton Wheaton __ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled 2608 Weisman Road 2608 Weisman Road YES NO X completely fi NAME OF Middle First 4 DATE Day Year DECEASED FRANCIS DUNN OF J. July 29, 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years remove last birthday) Manths Male White Jan. 26. 1902 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT physicion o during most of working life, even if retired). Wheaton COUNTRY? S. Penna. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol. Peter Dunn Frances McDermott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Wife Same as Item 2. (Yes, no, orunknawn) (If yes give war or dates af service) 0 Elizabeth J. Dunn. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INJERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (a) þ **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspitol or ottending physician. DUE TO buriol, afii Carcinomi Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse peen prior to hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY use PERFORMED? NO X certificote Por 20g. ACCIDENT WAS UNDERLYING TO NURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CLAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While After at wark at wark 21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: sow the deceosed dive on and that death accorred of 6 de M, from causes and on the date stated obave. 22a SIGNATURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR r, page be filed Viers Ma 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL STEPHEN JONES NAME (Type) Rockville, Md. director, g 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Lown) (County) mont. 8-1-67 Gate of Heaven 2 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) A Pumphrey 7557 Wisconsin Ave 196 25M 1/67 Bethesda, Md

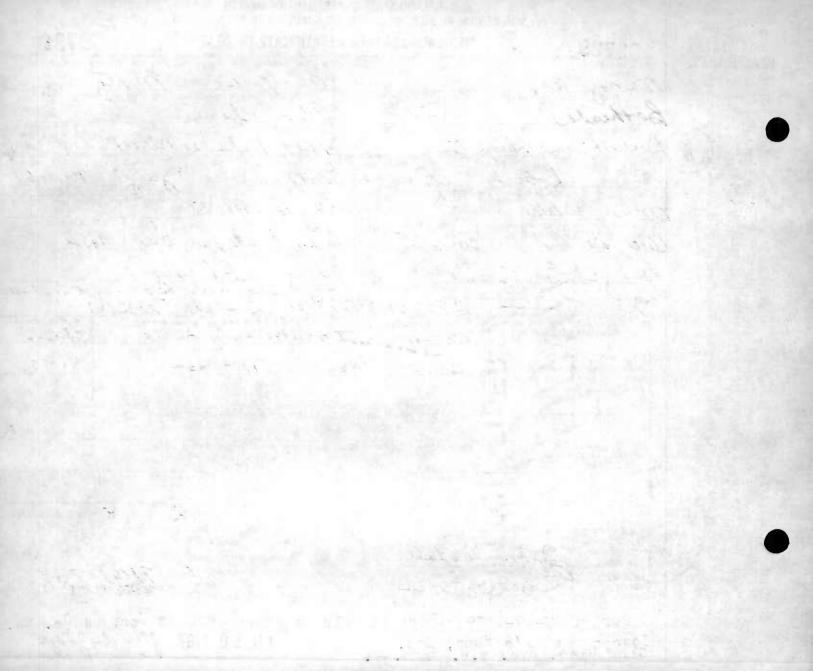
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09733 09728 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY District Of Columbia COUNTY Montgomery remove carban papers. Pages 1 in any event, within 72 haurs after MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the attending physician and completely filled in by the fist permit. Then please some carban papers. Pages b. CITY OR TOWN (If outside corporate limits, write per lace size peorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 12Mos 3 Days e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4361 Nichols Ave. S.E. WDC NO Z Naval Hospital 3. NAME OF 4. DATE Year 1967 First Lost DECEASED Charles (NMN) DWYER (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED dast birthdoy) Months Hours Male Cauc Dec.23.1906 dad in any WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Military COUNTRY? Crab Orchard, Illinois 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, TRAVELSTEAD Nora Edward L. DWYER 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? burial-transit permit. (Yes, no or unknown) (If we give wor or dates of service) 299-50-47 Isabel M. Dwyer 4361 Nichols Ave S.W. WDC 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 1 Arteriolosclerotic Cerebral vascular disease INTERVAL BETWEEN ONSET AND DEATH S CAUSED BY: signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by severe with intracerebral vascular aneurysm DUE TO Conditions, if ony, which gove 21 Squamous cell carcinoma of larynx post operative rise to immediate couse (o), DUE TO stoting the underlying couse d far use as the of Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City or town) 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While 28 July 190 to 31 July 21. I certify that (I) (this hospital) attended the deceased from. 19 67, and that deoth occurred at 7:41 BM, from causes and on the date stoted abave. shauld saw the deceased alive on 31 July 220. SIGNATURE 22b. DATE SIGNED STAFF **ATTENDING** AUG. 1 1967 DIRECTOR M.D. director, page should be filed ADDRESS Naval Hospital, Bethesda 22c. PHYSICIAN'S R. J. CAVANAGH NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) BREMOVAL (Specify) Arlington, Va. Arlington, National 8.4.1967 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE AUG VR A15 (4) 20 M 1/66 4th&Massachusetts .N.E. 1967 Home Lee Funeral

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	MARYLAND STATE DEPARTMENT OF HEALTH
2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 /2 April
FOR STATEM	09734 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
is ge of	Maryland Mareland Montagener
⇒ m <=	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
2, ond PM3. P	Bether da (Sheve Clase 151)
2, d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
s certificate shauld be executed within 24 hours ofter death. If a e, writing the ward "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office olang with form used as a buriol-transit permit. File pages land 2 with the Spare Depoval, and in any event within 72 haurs ofter death.	Deburban Hagaital 4809 Leland Street YES NOW
24 hours offer death. in Item 18. Give Page r's Office olang with the start offer death.	3. NAME OF First Middle Lost 4. DATE Month Doy Year
de ye h	(Type or print) Kobert Sawson Eastham DEATH July 16 1967
ofter 8. Giv olang with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (by years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
18.0 e ole ol ath.	male white WIDOWED DIVORCED Clery 12,1908 Spart birthday) Months Doys Hours Min.
within 24 hours or pencil in Item 18, xaminer's Office o ile poges 1 and 2 w haurs ofter death.	100. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR JUSTICH PLACE (Stote or foreign country) 12. (ITIZEN OF WHAT COUNTRY 2)
24 h	Oll Dealer Deg. England - Betarde Cel pegar Va COUNTRY?
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d w in F Exe	15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAND 53 20 Blenwedd Adlines - Be the Leonal
mit iin	(Yes no, or backnown) (If yes give wor or dotes of service) 217.22.5450 Mr. Robert Eastham, Ju (500)
executed within snding" in pencil Medicol Examine t permit. File page within 72 haurs o	19 CALISE OF DEATH (Fator only one cours per line for (a) (b) and (c))
be 'pe ief ief nsit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COronary Insufficiency Acate 300551 AND DEATH
shauld be er ward "per or the Chief" buriol-tronsit	4201 DUE TO
e shau the wa to the buriol: in any	(conditions, if ony, which gove) (b) Condition Vascular Diase - Years
the slate of the day to but in a	rise to immediate couse (o), stoting the underlying couse DUE TO
ficot ing rded as o	last. (c)
certificate shauld be writing the ward "pe orwarded to the Chief used as a buriol-transit oval, and in any event	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
forv forv	PERFORMED? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This icote, be for the tremo	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.)
MINER: This the certificate, a should be for files.	S PRIMARY Or CONTRIBUTING O
INER e cer shoul files. 3 shoul fion,	20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED factory, street, affice bidg., etc.) (City or town) (County) (State)
EXAMINER: This cert sute the certificate, wri age 4 should be forwar your files. Page 3 should be used cremotion, or removal,	Hour o.m. p.m. 19 While of work of
DEPUTY MEATCAL EXAM stessory, please execute the funeral director. Page 4 may be retoined for your FUNERAL DIRECTOR: Page saith prior to buriol, cremo	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🛣, Inquiry 🛣, and in my opinion
se exector. Per formed for ECTOR: burriol,	deoth resulted fram: Naturol causes X, Accident , Suicide , Homicide , Undetermined manner
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Ssor une une NER	EXAMINER'S NAME (Type) SOITH G. BALL Address (Street, city, town, or county) MONTGOMERY CTY, MD.
o DEPUTY ME necessory, pleos the funeral dire 5 may be retoin 0 FUNERAL DIR	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Stote)
5 5 ± ~ 5 ± 0	REMOVAL (Specify) Burial 7-19-1967 Fort Lincoln Cemetery Prince Georges Co. Md
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VR A15ME (5) 6M 1/67	oseph, Gawler's ons. Inc.
	5130 Wisc. Ave. N. W. "ash. DC.

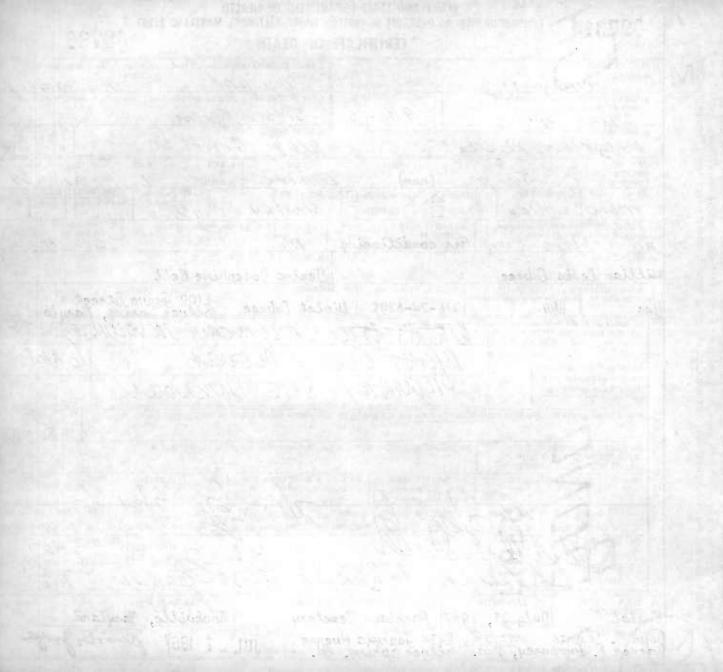
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09735 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (1) outside corporate l' write RURAL and sive nearest town) c. CITY OR JOWN (If outside corporate limits, write RURAL and HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X NAME OF Middle DATE Lost Dov Year DECEASED (Type or print) DEATH 1967 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours WIDOWED DIVORCED On gud 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Schools 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Augustas Edes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, ng, or unknown) (If yes give war or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) NTERVAL BETWEEN INSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS?
PERFORMED? NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) Not While foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram 196 /, that (I) (we) last , and that death accurred at 432 M, from causes and an the date stated abave. saw the deceased alive on 19/2 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
Burial Baltimore National Baltimore, Maryland 2 Tyson Wheeler Funeral Home-1331 Rockville Pike JUL 18 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Rockville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09731 09736 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funerol 1 ond death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ply filled in by the fun-boot papers. Pages 1 within 72 hours after a marulana montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN He outside corporate limits, write RURAL and give neatest town) c. LENGTH OF STAY IN 1b Silver d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Noly Cross Hospita. YES NO D NAME OF Middle DATE Lost Doy Year DECEASED Joseph 1967 (Type or print) nun Embree DEATH 21 9 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 9, AGE (In years NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Hours white ond in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? _INDUSTRY Air conditioning air conditioning cher. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol William Lewis Embree Jenina Josephine Bell ottending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Grove Street 0 218-24-629 Violet Embree ues burial, cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: signed by the buriol-transit p IMMEDIATE CAUSE (a) be retoined by the hospital or attending physician. DUE TO 10 Mas Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the prior ta 19. WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO certificate Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hotne, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 19 that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased fram and that death accurred at saw the deceased alive on 19 6 M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR Poge 4 moy 22c. PHYSICIAN'S FUNERAL NAME (Type) should 23d. COCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Rockville. Parklawn Cemetery Maryland 0 VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09737 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH Montgomery Maryland b. COUNTY MARYLAND Montgomery PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after filled in by the fur papers. Pages eose remove corbon papers. Pages and in ony event within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) Silver Spring Silver Spring d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Queen Annes Drive Holy Cross Hospital YES NO DE 4. DATE NAME OF Middle Month Doy Year First attending physician and completely permit. Then please remove corban DECEASED Estep Dorothy DEATH 19 (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED ast birthdov) Months Hours Nov 25. 1906 white emale WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Thompson Margaret Phillips 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. Queen Annes Drive (Yes, no, or unknown) (If yes give wor or dotes of service cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ attending physician. DUE TO signed t Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Heolth CERTIFICATION NO YES Poge 4 moy be retained by the hospitol or 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram. and that death occurred of 2:45 AM, from couses and on the date stated above. saw the deceosed olive on 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. M.D. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ohn (urry 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 23o. BURIAL CREMATION REMOVAL (Specify) Cedar Hill Cemetery Suitland, Maryland July 28 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09738 CERTIFICATE OF DEATH death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 24 hours after and in any event, within 72 hours after (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town) site RURAL and give neorest tawn) .⊑ papers. d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM 3. NAME OF remove corban Middle campletely DECEASED OF DEATH (Type or print) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 6. COLOR OR 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIPTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) attending physician termit. Then please 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, crematian, ar removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 522 8 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cerebralinfarction right temporal lobe IMMEDIATE CAUSE (o) DUE TO Thrombatic occlusion of: right vertebral artery Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending State Dept. af Health priar to right subclavian atery PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Status post right subclavian innominate endarterectory YES X NO **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased fram. MAY. 1965, to 7-6 . 1962, that (1) (we) last 19 65, and that death accurred at 11 20 PM, fram causes and an the date stated above. saw the deceased alive on 220 SIGNATURE DATE SIGNED ATTENDING DIRECTOR r, page be filed 22d. ADDRESS 8218 Wisconsin Ave. Bethesda, Md. FUNERAL Francis Mayle, directar, shauld 22C NAME OF CEMETERY OR GREMATORY 28d. LOCATION (City or Town) 236 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 9 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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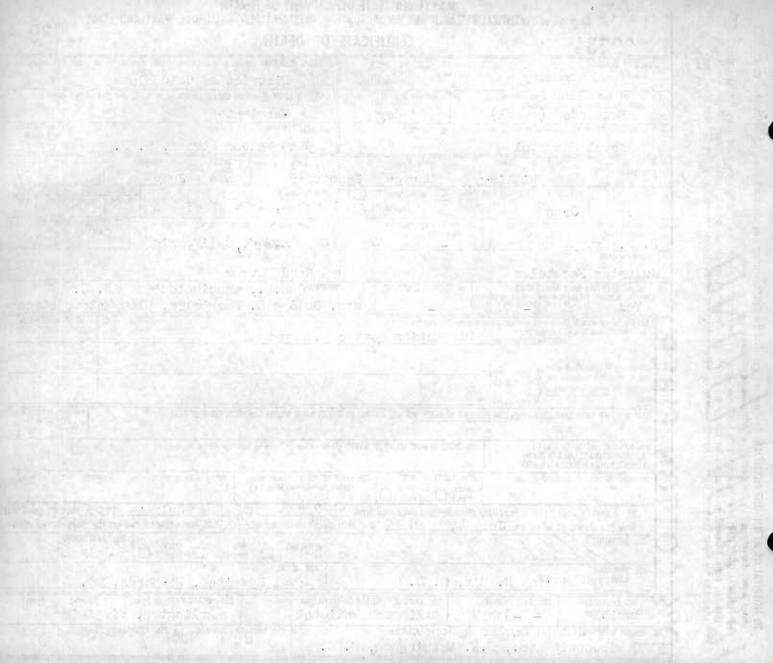
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH District of Columbia o. COUNTY Montgomery MARYLAND carban papers. Pages I ent, within 72 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 1 day Washington Bethesda the attending physician and campletely filled in sit permit. Then please remove carban papers. d, NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Naval Hospital 5169 Watson Street, N. W. YES NO THE 3. NAME OF First Middle 4. DATE Month OF DEATH Fechteler William Morrow July IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years burial, crematian, ar remaval, and in any eve 7. MARRIED **NEVER MARRIED** last birthday) Manths March 6, 1896 WIDOWED DIVORCED Male Cauc 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired)
U. S. Navy - Retired INDUSTRY San Rafael California
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Augustus Fechteler Maud Morrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown)
(If yes give wor or dates of service)
Yes
1912—1956 17. INFORMANT N.W. Washington Address 16. SOCIAL SECURITY NO. burial-transit permit. Mrs. Goldye S. Fechteler, 5169 Watson Street INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Dissecting aortic aneurysm signed by t IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse RAL DIRECTOR: After this certificate has been page 3 shauld be detached far use as the be filed with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City ar town) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (Caunty) (State) foctory, street, office bldg., etc.) Nat While at wark at work O FUNERAL DIRECTOR: After 21. I certify that (x) (this haspital) attended the deceased fram July 4 , 1907, ta July 4, 1967, that (A) (we) last saw the deceased alive an July 4. 19 67, and that death accurred at 645P M, fram causes and an the date stated above 22b. DATE SIGNED 22g. SIGNATURE MED.
DIRECTOR STAFF PHYS. 5 July 1967 director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S William R. Hix. M. D. Naval Hospital. Bethesda, Md. 23d. LOCATION (City ar Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 7-7-1967 Arlington National Arlington, Virginia 24. FUNERAL DIRECTOR Joseph Gawler & Sons ADDRESS 25a. REC'D BY REGISTRAR 35 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 5130 Wisconsin Ave., N.W. Washington, D. C. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON-STREET, BALTIMORE, MARYLAND 21201 09740 09735 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. the funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. CDUNTY ontgomer MARYLAND CITY OR TOWN A OR JOWN (If autside carparate limits, write RURAL and give nearest tay autside carparate limits, c. LENGTH OF STAY IN 1b popers. Pag hin 72 hours a write RURAL and give negrest town) in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled YFS NO carban NAME OF Middle DATE Manth Dov Year completely DECEASED (Type or print) DEATH S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Dovs Haurs and in any WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

homemaker INDUSTRY COUNTRY? by the attending physician ransit permit. Then please Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Wright unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service 16. SDCIAL SECURITY ND 17. INFORMANT Address 260N. 11st. Neward N.J. Clarence Swann cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET-AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. DUE TO signed burial, Canditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause has been last use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? for use Health NO this certificote 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE DF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (Stote) (County) Hour o.m. factory, street, affice bldg., etc.) While Not While TO FUNERAL DIRECTOR: After at wark 1962, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 should should be filed with the Z, and that death accurred at 3 - M, from causes and an the date stated above. saw the deceased alive an, 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d, **ADDRESS** NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Pikesville Md.
RAR 2Sb. REGISTRAR'S SIGNATURE Druid Ridge Cemt. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 1967

May Carl Mentioned l'age Edward Studies Law Betwarter artier Buthouter Line Ludindon Felthers 6/20/1867 160 simi-riv Joneth

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death. Page TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the figge 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauthe State Baard af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF E		MARYLA	O STATE	here deceased lived. If institut b. COUNTY	tian, Residence befare admission)
b. CITY OR PURAL OF	TOWN (If outside carporate limed give hearest town)	nits, write c. LENGTH OF STAY IN	16 c. CITY OR TOWN (IF	autside corporate limits, write	RURAL and give hearest town)
OR INSTI	F HOSPITAL (If not in hospital,	give street oddress)	d. STREET ADDRESS	ristane -	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pri	nt) JeA	NNETTE 6:	Fennell	4. DATE MOO OF DEATH July	Day Year 29 196
S. SEX Femn	Le WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	_ 0 . /	9. AOE (In years last birthday) 4// yrs	Months Doys Hours Min.
10a. USUAL Od during ma	CCUPATION (Give kind af wark st af working life, even if retired	dane 10b. KIND OF BUSINESS OR I	1/	ar foreign country)	12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S N	Y A. G.	SIFFRE	14. MOTHER'S MAIDEN	NAME VCES HI	A-RR
15. WAS DECE (Yes, no, or unknown)	ASED EVER IN U. S. ARMED FO		17. INFORMANT FRANK	Fennell	dress #
Candition	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO	O b)	uine B	seae de meto	istase onset and death
lying car	use last.	(c)	BUT NOT RELATED TO THE TERM	linal disease condition G	IVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	DENT WAS UNDERLYING RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature af injury in	Part I ar Part II of item 18.)	
	OF INJURY Manth, Doy, Yor a. m. 19	ear 20d. INJURY OCCURRED 20 While Nat while at wark at wark	e. PLACE OF INJURY (Hame, for factory, street, affice bldg., et		(County) (Stat
sow the	deceased olive on	al) attended the deceased fr	1 2.1.	0 / /	nd on the date stated above
22a. SIGN 22c. PHYSI	Leury .	Leruggo h		AED. STAFF PHYS.	7/29/67 SIGNE
17	ENRY C.	SCRUGGS A	1) 54/3 G	dar Lane	13ethesck/MC
23a. BURIAL, C	(Specify) any 1,	1967 GATE 8	1. HEAVEN	23d. LOCATION (City, town.	ON, Ind
24. FUNERAL D	1 cultarull	3603 14 ST	12 200, DATE J	UL 3 1 1967	SISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH 09737 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09742 CERTIFICATE OF DEATH death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funerol i PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Maryland b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Damascus Olney DOA d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Montgomery General Hospital Box 97, 26008 Ridge Rd. YES NO 3 and completely f remove carbon NAME OF Middle W First 4. DATE Day Year DECEASED Carroll K. Fetzer 20 1967 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Manths last birthday) Male White 5/9/96 WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) physician on please COUNTRY? Gun Factory Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, William Fetzer Minnie Koser IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dates af service) 10 579-09-7977 Hospital Records. Olney, Maryland XYes W.W. cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET, AND DEATH / redominal aneursiam IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or ottending physician. DUE TO buriol, Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause os the prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth NO X YES [this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) factory, street, affice bldg., etc.) at wark **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased fram. 24 1962, that (1) (we) last nam Julianto 1967, and that death occurred at 7:05 PM, fram/causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN Frederick Moomau FUNERAL Olney, Maryland NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) July 23,1967 Damascus Meth. Damascus, Md. 2 ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Olin L. Molesworth. Damascus, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND State Department hours after death. b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR C. LENGTH OF STAY IN 1b Damascus Olney 270 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES NAME OF DATE Month Year Middle 4. Day Last EXAMINER: This certificate should be executed within 24 hours after death. If any difference, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, an should be forwarded to the Chief Medical Examiner's Office along with form PM3. DECEASED Bennet Fishpaw DEATH 196 (Type or print) di Z with AGE (In years / IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BARTH 7. MARRIED NEVER MARRIED WIDOWED DIVORCED events 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) INDUSTRY COUNTRY? Salesman Cockeysville MOTHER'S MAIDEN NAME pages in any 13. FATHER'S NAME Malcolm Fishpaw Maggie Parks File | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) permit. | removal, W.W. 218-05-6111 Yes Mrs Cathryne Fishpaw. Item 2 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, DUE TO Conditions, if any, which risa to immediata DUE TO cause (a), stating tha ro used as a to burial, undarlying causa last. WAS AUTOPSY 19. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORMED? YES' NO F 3 should be a 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Inquiry FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes Suicide Homicide Accident CHIEF MEDICAL EXAMINER for your Page ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. REMOVAL (Specify) o 2 Damascus Meth. Damascus Burial REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDR ESS VR ALSME (5 Olin L. Molesworth. Damascus, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09744 09739 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) b. CITY OR TOWN (Il butside corporate inits, b. COUNTY requires that the death certificate be executed within 24 haurs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 104 Primrose YES NO NAME OF 4. DATE DECEASED FloRance (Type or print) DEATH COL 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED (ast birthdoy) Months Hours -19-03 WIDOWED 🔀 DIVORCED USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY New Jarsey housewe 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then burial, crematian, ar remova Connover WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse has been lost. Sev. Ma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? Ulcin this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 4-30, 1967, ta 7-/, 1967, that (1) (we) lost be retained saw the deceased alive an 6-30 1967, and that death accurred at 5 and AM, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MD director, page shauld be filed 22d. ADDRESS R. H. Sand Strom ma Carroll Ave Tatoma Pank, Md NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) Ft. Lincoln Cemetery Prince Georges Co. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR

WHITE WE'RE INSIDE TO SE and the second of the first of the second of The state of the s The state of the state of the state of 130 6 1 14 ATT. 1. 144 BOAD-95-855 BOAS-888888 Eurica . 1/3/67 Transport Present Prince Corpor to . Ed.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09745 CERTIFICATE OF DEATH 09740 24 hours after deoth funerols 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY o. STATE b. COUNTY Montgomery Maryland Montgomer MARYLAND ours ofter c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 4days Silver d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 7906 Wes NO X YES 40 requires that the death certificate be executed within cremation, or removal, and in any event, with NAME OF Middle 4. DATE Doy Year ottending physician and completely permit. Then please remove carbo DECEASED Frederiksen DEATH Svend A 20 19 67 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 8-31-06 X DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during mast af working life, even if retired) COUNTRY? INDUSTRY DENMARK US SELF*EMPLOYED ESKIMOLIGIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN OLSEN FREDERIKSON 17. INFORMANT Address Takoma Park, Md. 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, na, or unknown) (If yes give wor or dotes af service) 38 Columbia Ave. WM. A. HILLMAN, SON*IN*LAW INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Embolism ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (a) signed by Page 4 moy be retained by the hospital or attending physician. DUE TO THOOKIBO Dhileby Conditions, if any, which gave (b) rise to immediate couse (o), **DUE TO** as the prior to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last 19., WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use 3 should be detached for use with the State Dept. of Health YES -NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at wark 20, 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 7-16 , 1967, ta 19 67, and that death accurred at 7:55P M, from causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR ٧.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 2402 NAME (Type) director, should be 23b. DATE THÉREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) 7/22/67 Williams Ft. Royal 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1967 GASCH'S HYATTSVILLE, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09746 09741 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours afte<u>r</u> death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside/corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) hours write RURAL and give negrest tawn, KOWA bon papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM ROANOKE 4 HOSPI 01 3. NAME OF corbon 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years remaye lost birthdoy) Months Dovs Hours WIDOWED DIVORCED and 10o, USUAL OCCUPATION (Give kind of work done ond in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) offending physician permit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) burial, cremation, signed by the c burial-tronsit po 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retoined by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse Health prior to OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'a m. foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this baspital) attended the deceased fram ______ 196 7 that (1) (we) last director, page 3 should should be filed with the 1967, and that death accurred at 115 GM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Congressional Cem. Washington, Burcha 8-2-1967 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTO 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 196

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09742 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. pretely filled in by the funeral carbon papers. Pages 1 and ent, within 72 hours after depth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Months Rockwil IS RESIDENCE ON A FARM? ES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS competetely filled 13107 Dumbarton Drive 00 3107 Dumbarton Drive YES NAME OF 4. DATE Middle Manth Day Year DECEASED 26 1967 19 (Type ar print) DEATH IF UNDER 24 HRS S. SEX AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH NEVER MARRIED remaye last birthday) Manths Days January 21 Temale remaval, and in any WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY Home COUNTRY? LISA physician (Pennsylvania 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Luckman attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, na_grunknawn) (If yes give war ar dates of service) ar Elizabeth Gressley 13107 Dumbarton Drive burial, crematian, 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN Occlusion ONSET AND DEATH burial-transit LOVONZU4 IMMEDIATE CAUSE (a) the haspital ar attending physician. undetermined signed k DUE TO thero sclevosis Canditians, if any, which gave rise ta immediate cause (a), DUE TO perfensive Cordio Unsculor Disense stating the underlying cause prior to 104enus the as WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) af Health NO certificate tar 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) **DIRECTOR:** After this 20c. TIME OF INJURY Manth. Day, Year Haur a.m. factory, street, affice blda., etc.) Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram Sent 1966 to July 26 19<u>67</u>, that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained 1967, and that death accurred at 1 P M, fram causes and an the date stated above. saw the deceased alive an_ July 26 22a_SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v MD DIRECTOR PHYS ADDRESS 2 1 8 22c. PHYSICIAN'S FUNERAL ISCONSIN AVE NAME (Type) Stanley M. Bialek 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23a. 8URIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) St. Maryls Cemetery Nantu pa. 9 ADDRESS 25b. BEOUSTRAR'S SIGNATURE RECT BY REGISTRAP 1967 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 8434 Georgia Avenue WARDE

13167 Danbeeton being Etros substantiano e di foto Mary Elexabeth Solks parameter and the second secon States It was the the state of the second of the state of the He is seen a seen to be a seen as a

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09748 CERTIFICATE OF DEATH executed within 24 hours ofter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY # o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 autside carpocate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carporate limits. c. CITY OR TOWN (If _= d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street odd/ess) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled YES ent, within NAME OF DATE cerban First Manth Day Year completely DECEASED OF DEATH 28 196 ario SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED remove burial, cremation, or removal, ond in any ey last birthday) Manths Haurs WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRIHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be physicion (during mast of working life, even if retired) INDUSTRY COUNTRY? nterpreter ra21 FATHER'S NAME MOTHER'S MAIDEN NAME poldina arcia ottending presents. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN the signed by the burial-tronsit ONSE AND DEATH DUE TO AUNDIES AND (ERITONITIES Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES X TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital or 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) Hour o.m. factory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (I) (this hespital) attended the deceased fram -/ > 1 196 /, that (1) (we) last 67, and that death occurred of 11(45 M, fram causes and an the date stated above. sow the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 236 JOCATION (City or Tawn) (County) (State REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 0

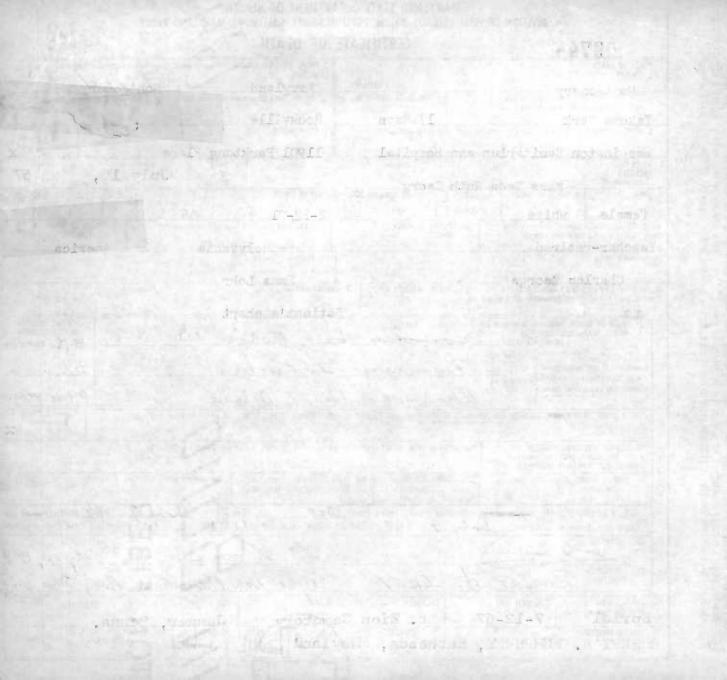
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CERTIFICATE OF DEATH

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	write RURAL and	I outside corporate limits, I give nearest tawn)	3713	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outsi	de corpor	ote limits, write RU	RAL and gi	ve neares	t town)	370
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		AL OR INSTITUTION (If not in h	ospitol, gi		d. STREET ADDR				1		e. IS RESIL	
	Washingto	on Sanitarium	and	Hospital	11901	Parki	tong	Place		V. 1	ON A F	NO J
	NAME OF	First		Middle	Lost		4. DATE	Mon		Doy	/ Yed	or
	DECEASED (Type or print)	262 67. 2. 1	D. 13	0		100	OF DEATH	Jul	y 10),	19	67
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					o. DAIL OF DIKIN			lost birthdoy)	Months	Doys	Hours	Mm.
	female	WILLES	IDOWED [DIVORCED	2-12-0]			66 yrs.				
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	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of servi	16. St	OCIAL SECURITY NO. 17.	INFORMANT			Addre	ess			
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;	PART II. UTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT KELATED TO	THE TERMINAL DISE	ASE CONDI	IIION GIVI	EN IN PART I(0)		- '	PERFORM	IED?
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	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
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20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Hour o.m. 19 While Not While foctory, street, office bldg., etc.) (City or town) (County) (State)												
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0	. BURIAL, CREMATIC			23c. NAME OF CEMETERY OF	CREMATORY		23d. LC	OCATION (City or To	wn)	(County	()	itote)
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24	. FUNERAL DIRECTO			ADDRESS	emetery	o. REC'D B	N DECIST	nner P	enna GISTRAR'S	SIGNATU	RF	
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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample of filled in by the further director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept, at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09745 09750 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY n bette fun Pages 1 hours after o MARYLAND b. CITY OR TOWN (If outside comparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN purside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 30 years illed in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 8809 Kensington Parkway NO 3. NAME OF DECEASED DATE Day Year DUYO McChesney DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH birthdoy) Months □ May 27, 1886 WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Retired Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Gilliland Alice McChesnev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sister Same as Item 2. (Yes, no, or unknown) (If yes give wor or dotes of service ar Mary Elizabeth Gilliland 578-01-0772 No 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse be retained by the haspital or attending 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO After this certificate 2Do. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 1966, to Proceed that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram. 1967, and that death occurred at 52 M, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS other 22d. ADDRESS PRYSICIAN'S (NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) 7-11-67 Rock Creek Cemetery Washington, D. C. 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Robert A. Pumphrey, Bethesda, Maryland DATE J Charles

which consider play and the state of t James 081:1280 communication of the contract o THE TAX STREET, BUT ON YOUR PLANS. - Billial 7-11-67 ... Nock Creek Cemarcay Whatsanton, 11. 1. Made to de la destruction de l

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09751 09746 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY montoome MARYLAND Pages 1 b. CITY OR TOWN (If outside/corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC ON A FARM? 140m 8 muRSING YES CPEING NAME OF DATE Year DECEASED (Type or print) DEATH SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Days Months Hours WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ous even MDUSTRY 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreigh country) 12. CITIZEN OF WHAT COUNTRY? andi Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Saviors Dave Wilson 20000000000000 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Normandy Drive Mary Louise Brown 18. CAUSE OF DEATH (Enter only one couse per-line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO bro- Selerosis Conditions, if any, which gove rise to immediate cause (a). hromboses. Multiple stating the underlying couse 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? erio-sclerosis 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter ridgure of injury in Port I or Port II of item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (1) (this hospital) attended the deceased fram 1953 to fully 22, 1967, that (1) (we) last 1962, and that death occurred at? saw the-deceased alive on kells M fram causes and an the date stated above 220. SIGNATURE M.D. 22c. PHYSICIAN'S 22d. ADDRESS 10620 NAME (Type) DEORG Silver 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) Parklawn Cemetery July 25. Rockville. Maryland Inc. Pumphrey.

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FOR STATE	09747 MEDICAL EXAM	MINER'S CERTIFICATE OF DE	ATH 09752
EALTHADERT.	1. PLACE OF DEATH o. COUNTY Montgomery	2. USUAL RESIDENCE (Where de o. STATE Maryland	ceosed lived, if institution: Residence before odmission) a b. COUNTY Montgomery
y delay ond 3 PM3. Pg artmen	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) Ol nev	, , ,	porate limits, write RURAL and give nearest tawn) Gaithersburg, Md. /5/
floge with form long with the Stote Depo	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress Montgomery General Hospital		e. IS RESIDENCE ON A FARM? YES NO
with the Sto	3. NAME OF First Middle DECEASED (Type or print) Robert Charles	Goad DEA	ATH 7 20 19 67
Office blog		ORCED 6/25/38	9. AGE (In years lost birthdoy) 29 Months Doys Hours Min.
permit. File pages lond2 with the State Department within 72 hours after death.	IDo. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) Nechanic IDb. KIND OF BUSINESS (INDUSTRY Montgomery	County Washington.	COUNTRY?
xamine ile pog hours	13. FATHER'S NAME Floyd Goad	14. MOTHER'S MAIDEN NAME Anna Kahl	
edicol E ermit. F thin 72	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) (16. SOCIAL SECURITY II 220-34-43	Ol Wife, Betty Go	
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be used emoval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO
Page 3 should be used cremotion, or removal,	PRIMARY TO CONTRIBUTING Deceased d	RY OCCURRED. (Enter noture of injury in Port L or riving vehicle which	collided with truck.
age 3 s	2Dc. TIME OF INJURY Month, Doy, Yeor 720 1967 While While at work at work	factory, street, office bldg., etc.) Da	mascus Montgomery Md
moy be retoined for FUNERAL DIRECTOR: alth prior to buriol,	21. I certify that I took charge of the remains describe death resulted from: Natural causes . Accident ACTUAL SIGNATURE . ACTU	A P M, D, Address Science of the part of t	MINER 22. DATE SIGNER
15ME (5)	REMOVAL (Specify) Burial 7-24-67 Mt. Ta 24. FUNERAL DIRECTOR ADDRESS:	S 2So. REC'D BY REG	need 0 D
1/67	Francis H. Barber Laytonsville.	Md. DATE 1111 2	5 1967 Icharles Jusque.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09748 09753 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MONT GOME RY MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) 13 DAYS ROCKVILLE OLNEY illed in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Filled 16 THOMAS ST. MONTGOMERY GENERAL HOSPITAL YES NO T 3. NAME OF First Middle 4. DATE Last Doy remove corbon Month Year completely DECEASED 26 19 67 DOROTHY SAVIERS GONZALEZ (Type or print) DEATH event S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last hirthday) Months Days Haurs Min. 7-31-97 FEMA LE WHITE and in any X WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ottending physician of sermit. Then pleose COUNTRY? SERVICE USA ANAIGH RETIRED 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol. GEORGE SAVIERS JENNIE HOADLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknawn) (If yes give war ar dates af service) 315-18-7997 MEDICAL RECORD DEPT. cremotion. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUF TO Coronary Conditions, if ony, which gave rise ta immediate cause (a), DUF TO stating the underlying couse the 00 has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES X NO certificate for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospito) attended the deceased from___ 26, 1962, that (1) (we) lost heles 5 1967, and that death accurred at 1:10Am, from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED X director, poge 3 should be filed v PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FREDERICK MOOMAU, M. D. MEDICAL CENTER. SANDY SPRING. MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 7/28/67 Cedar Hill Prince George Co. . Md. 0 Cremation ADDRESS REGISTRAR 10 7 785b. REGISTRAR'S STONATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Tyson Wheeler Funeral Home-1331 Rockville Pi Rockville Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09749 09754 CERTIFICATE OF DEATH **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Mary land b. COUNTY Montgomery and completely filled in by the fur remove carban papers. Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Bethesda d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7524 Hampden Lane YES NO K NAME OF DATE Month Doy Year DECEASED (Type or print) Scodwin DEATH 1967 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months WIDOWED DIVORCED 12-26-89 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT attending physician coermit. Then please during most of working life, even if retired) COUNTRY? Maine S. Housewife

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Sarah F. Patten Edward P. Dore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Daughter 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service Same as Item 2. Virginia G. Rolnick No signed by the a burial-transit pe 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH candio- responstory Failure IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gove (ar curound toss 10 6 mos rise to immediate couse (a), DUE TO stating the underlying cause we verached far use as the State Dept. of Health priar ta has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES [NO X TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram-, 1957, ta 29504, 1967, that (1) (we) last directar, page 3 shauld shauld be filed with the saw the deceased alive an 285 Ung 1967, and that death accurred at 413P. M. fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED M.D. 7801 Norfolk 22c. PHYSICIAN'S 22d. ADDRESS Ave. JOHN M. WYMAN NAME (Type) Bethesda. Md. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Burial Specify) 8-2-67 Oak Hill Cem. Washington. Dl C. KAMA 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Pumphrey, Bethesda, Maryland Charley

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.

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VR A15 (4) 15M 9/60		"	or on funcial in	ore vesico	DATE JUL 2	8 1967 xcuas	cles Judges -
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 09757 09752 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Montgomeru County Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Olney, days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 13431 Doncaster Drive Montgomery General Hospital NO K YES NAME OF First Middle 4. DATE Lost Month Yeor DECEASED 25th July 67 Katie Alameda Gregory (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** Months birthdoy) Dovs Hours WIDOWED DIVORCED Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY N.C. Housewite Own home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kathleen Mitchell Henry Potter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' Address Edmond Gregory (Yes, no, or unknown) (If yes give wor or dotes of service) Doncaster Dr lles No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this haspital) attended the deceased fram. 1967 ta 1945, and that death accurred at 2'57 PM, from causes and an the date stated above saw the deceased alive an sole 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

Medical

250. REC'D BY REGISTRAR

Center, Sandy Spring, Md.

(Stote)

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23c. NAME OF CEMETERY OR CREMATORY

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23b. DATE THEREOF

O FUNERAL DIRECTOR: Poge 4 moy b director, p VR A15 (4) 25M 1/67

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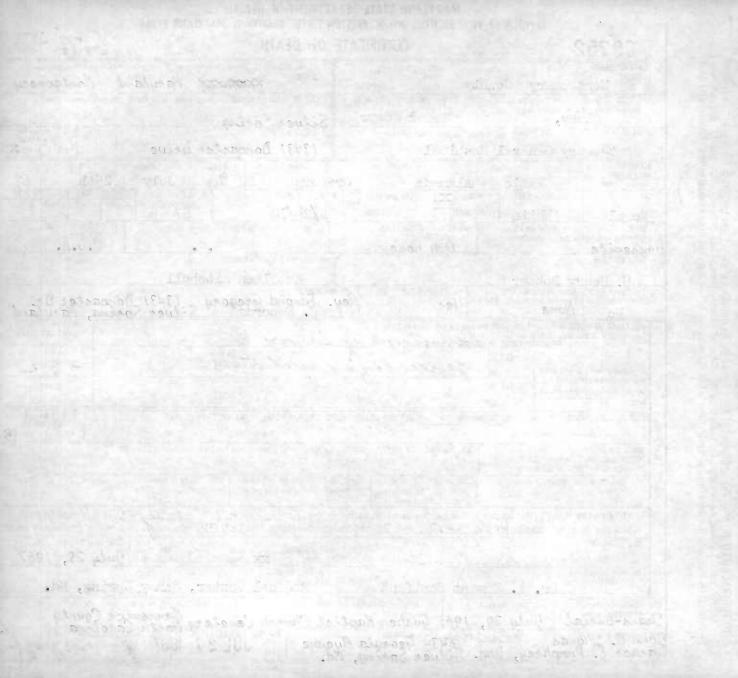
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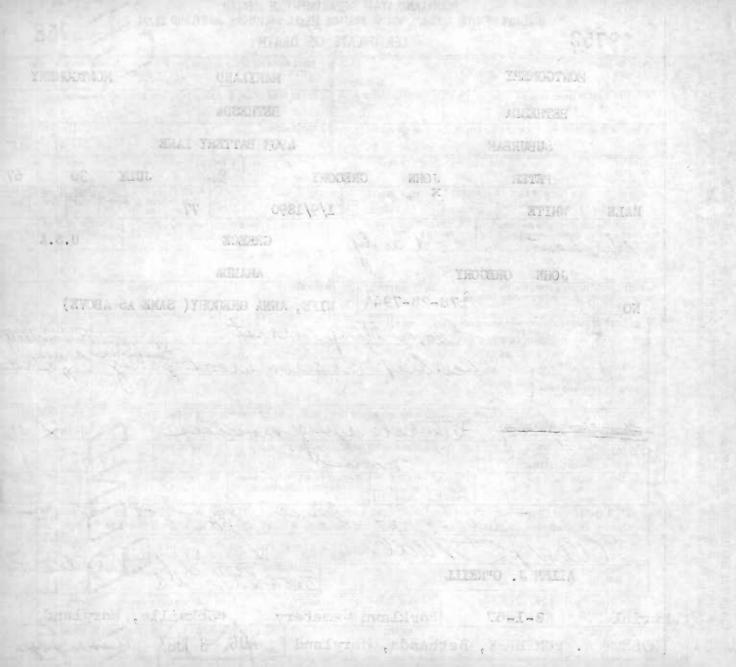
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09758 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MONTGOMERY o. STATE MARYLAND b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town RETHESDA ≘ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 4903 BATTERY LANE SUBURBAN NAME OF First Middle 4. DATE Last Month Year DECEASED JULY JOHN GREGORY 30 PETER DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH plast birthdoy) 1/9/1890 WHITE WIDOWED DIVORCED MALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A during most of working life even if retired) INDUSTRY GREECE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMANDA JOHN GREGORY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) 78-23-7944 WIFE, ANNA GREGORY (SAME AS ABOVE) NO INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line tor)(a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) 20b. DESCRIBE HOW INJURY OCCURPED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (Caunty) (State) factory, street, office bldg., etc.) Nat While 21. I certify that (I) (this hospital) attended the deceased from 12 , 1966, to July 29, 1967, that (I) (we) last saw the deceased alive an July 29, 1967, and that death accurred at 224 M, frag causes and an the date stated above O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR NAME (Type) ALLEN J. O"NEILL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (Stote) urial (Specify) Parklawn Cemetery Rockville, Maryland 8-1-67 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland 1967 25M 1/67

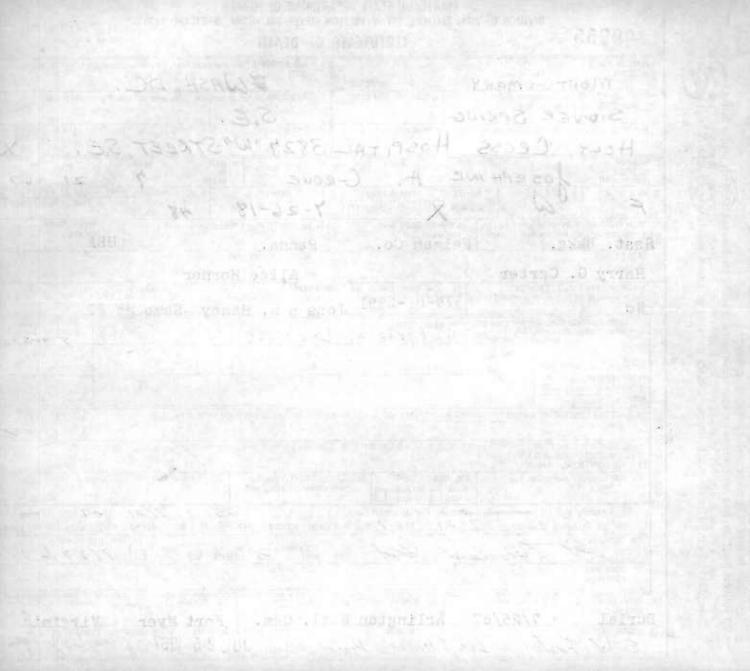


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item L Film 09754 CERTIFICATE The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY remove carban papers. Pages 1 n any event, within 72 hours after MARYLAND Maryland Montgomery Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carograte limits, write RURAL and give negrest town) Silver Spring Wheaton 11 mos. IS RESIDENCE ON A FARM? and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS YES T NO X University Nursino Home 11711 Love inv. St 3. NAME OF Middle 4. DATE Manth Day First Lost Year DECEASED July event, 19 67 (Type ar print) DEATH Lillian Ethel Griffin S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months 12/1/1882 and in any DIVORCED 84 White Female 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please om o Housewife Louisville, Kentucky
14. MOTHER'S MAIDEN NAME (UNKNOWN) LISA burial, crematian, ar removal, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 11711 Lovedney Street Mrs. Dee Wender-Silver Spring, Md. no none 1B. CAUSE OF DEATH (Enter only one cause per line fos (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, crei DUE TO Conditions, if ony, which gave rise ta immediate couse (o), DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RULATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES [NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port of Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY-MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) Haur o.m. Nat White factory, street, office bldg., etc.) 19 at wark of work 21. I certify that (1) (this haspital) attended the deceased fram Sect 1967, that (1) (we) last 19 67, and that death accurred at / M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 1429 University Blvd.. West 22c. PHYSICIAN'S NAME (Type) Russell Bufalino. Silver Spring Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BINMINGham UUIV 15 MWOOD . CEM 0 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09761 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH the attending physician and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I And a. COUNTY o. STATE b. COUNTY ONTGOMERY MARYLAND CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn write RURAL and give nearest town) corbon popers. Pagent with 72 hours a TT SUI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IX 3. NAME OF Middle Lost 4. DATE Day Year DECEASED 22 aact 196 (Type or print) DEATH IF UNDER 24 HRS S. SEX 9. AGE (In years IF UNDER 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Hours whiTe 22 1967 WIDOWED DIVORCED 3 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT USANTRY? during most of working life, even if retired) INDUSTRY Maryland - Montgamer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol. Kussell everl 17. INFORMANT 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war ar dates of service) as about Father INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Prematurit IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gave rise to immediate cause (a). **OUE TO** stoting the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or ottending as the O FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Por 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City ar town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. factory, street, affice bldg., etc.) Not While at work 2). I certify that (1) (this hesewal) attended the deceased fram July 22, 19 67, to July 22, 19 67 that (1) (we) last saw the deceased alive an July 22 1967, and that death accurred at 4:20 PM, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE 24-67 DIRECTOR M.O. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 5 SPRING ST. SILVER SPRING. director, should b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23g. BURIAL CREMATION. Buraal (Specify) "eaven demetery Md. Silver Spring Montg. Gate of 7/27/67 ADBRIST Rockville Picker'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home DATE JUL 3 1 Rockville, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH W. PRESTON STREET BALTIMORE MARYLAND	21201
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aurs aft by the Page aurs af	b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town)	c. CITY OR TOWN (If our side corporate limits, write RURAL on ROCKVILLE	151
within 24 haurs after by filled in by the fur ban papers. Pages 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street Address)	1. STREET ADDRESS 734 Carr Ave	e. IS RESIDENCE ON A FARM? YES NO
campletely_filled in ave carban papers.	3. NAME OF DECEASED (Type or print) Gladys Middle	aller 4. DATE OF DEATH July	28 Year 1967
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at the matter that the matter than the matter	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	clusion	INTERVAL BETWEEN ONSET AND DEATH!
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)		
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DING PHYSICI by the haspit ffer this certif be detached '		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (Stote)
TENDING ined by OR: After auld be the Stat		t death accurred at 12 PM, fram causes and	
OR be range 3 de d'avente d'av	220. SIGNATURE Stuken C. Crumwell M.I 22c. PHYSICIANS NAME (Type)	ATTENDING MED. STAFE	26. DATE SIGNED 7-28-67
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fil	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. JOCATION (City or Town)	(County) (Stote)
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR THIS TENERAL DIRECTOR ADDRESS BERNA	250. REC'D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Permulated by the filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 hour

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY						here deceosed lived, if inst		
	Montgome	WIF		MARYLANI	0	o. STATE	Prince	OUNTY	
	b. CITY OR TOWN (If outside corporate limit	s,	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outs	side corporote limits, write	RURAL ond give	e neorest town)
	Takoma	d give nearest town)		2 3		TT			, ,
	d NAME OF HOSPIT	AL OR INSTITUTION (If no	at in hasnital a	l 3 days		d. STREET ADDRESS	e		e. IS RESIDENCE
1		n Sanitari					1		ON A FARM? YES NO
3	NAME OF		rst	Middle			ampshire ave	onth	
J.	DECEASED	Andrew	151	Jackson	На	rrison	OF DEATH July		Doy Year
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGF (In veors	IF UNDER	I YEAR IF UNDER 24 HRS.
	Male	white	WIDOWED		5	8-25-92	lost birthdoy		Doys Hours Min.
100	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County &	Stote, or foreign country)		TIZEN OF WHAT
du	ring most af warking	life even if retired)	INI	DUSTRY		Manueland			UNTRY?
12	FATHER'S NAME	Procuremen	II Vete	rans Admin.	-	Maryland	144	.a.me	rica
13.	FAIRER S NAME					14. MOTHER'S MAIDEN NA	AME		
A	indrew Ja	ckson Harri			12 11	Rose Ea			
		(If yes give wor ar dates of	of convice)	SOCIAL SECURITY NO.		MARYK. H	ARRISON AC	ddress	
1,		U.S. Army W		6-46-9108	Pe	tient's cha	₽ t	5	AME AS 2
	18. CAUSE OF D	EATH (Enter only one cou TH WAS CAUSED BY:	se per line for	(o), (b), ond (c).)					INTERVAL BETWEEN ONSET AND DEATH
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	Conditions, if ony	001		11			1/2/-		1. 71
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	stoting the unde	rlying couse DUE	TO						
	lost.)	(c)					9 1 3	
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MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	KED. (E	mer noture of injury in Po	orn i or Port II of item 18.)		
R		JRY Month, Doy, Yeor				OF INJURY (Home, form,	20f. (City or town)	(Cou	unty) (Stote)
MED	Hour o.r	10	While	Not While of work	focto	ry, street, office bldg., etc.)			MARSHIT I
	p.r	116				13	15 7	1	34 1 40 4
	21. I certif	ry that (1) (th us hos	pitat) attend	led the deceased fran	m_2	, 19	2/ 10/-20	, 196	Z, that (I) (we) last
		eceased alive an	1- 10	1961, and	that	death accurred at 4	M, fram cause		ne date stated above.
	22o. SIGNATURE	1, 14	111.	11.		ATTENDING N	MED. STAFF		ATE SIGNED
13	W.	wich !	· Neurt	m,	M.D.	ATTENDING PHYS.	MED. STAFF PHYS.	17-2	27-67.
	22c. PHYSICIAN'S					22d. ADDRESS			
	NAME (Type	Seruch J. K	imble			927 Persh	ina Dr., Si	lver Sp	rina, Md.
230	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR C	REMATORY .	23d. LOCATION (City or	Town)	(County) (Stote)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09759 09764 CERTIFICATE OF DEATH deoth: requires that the death certificate be executed within 24 haurs after death funerol 1 ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)

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Marvland

b. COUNTY

Frederick PLACE OF DEATH o COUNTY Montgomery papers Rages I MARYLAND filled in by the fu b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Mount Airv d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland Route #3 YES NO X 3 NAME OF Lost 4. DATE Month Doy Year remove carbon DECEASED (Type or print) July 29 Jerry Wayne Hartman 19 67 DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months birthdoy) Dovs White Male WIDOWED DIVORCED 22 December 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired)
Student ottending physicion permit. Then pleose INDUSTRY Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Harvey E. Hartman Shirley L. Mullinix 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Recorderess 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service The Clinical Center, Bethesda, Maryland None buriol, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute Lymphatic Leukemia IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o). DUE TO stoting the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the hospitol or attending the 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES TX NO certificote 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) TO FUNERAL DIRECTOR: After this Hour o.m. factory, street, office bldg., etc.) of work Not While 21. I certify that (4) (this haspital) attended the deceased fram (DOA) 29 July 67, to 29 July , 19 67 that (2) (we) last sow the deceased alive on (DOA) 29 July 67, and that death accurred at 3:30 M, from causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. DIRECTOR 29 July 1967 22d ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Robert C. Young, M.D. Institutes of Health, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify)
Burial Poplar Springs Meth. Poplar Springs, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Olin L. Molesworth. Damascus, Md. Charles

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09765 CERTIFICATE OF DEATH Pages 1 and 2 ours after death The law requires that the death certificate be executed within 24 hours after death funerol i PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b in by Baltimore Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled Asbury Methodist Home for the Aged, Inc. 4500 Hampnett Avenue NO T YES within NAME OF 4. DATE Doy Year completely remove corbon DECEASED 19 1967. Simonds Henry Blanche DEATH July (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys DIVORCED X ond in ony June 30, 1885 WIDOWED 19 ond 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) INDUSTRY attending physician permit. Then please Baltimore, Md. housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, Curtis Bennett Simonds Katherine Ohlgart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service 215-54-8925 Asbury Methodist Home, Gaithersburg, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (3), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN (b), ond/(c). signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse prior to this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 3 should be detached for use with the State Dept. af Health YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work **DIRECTOR:** After 21. I certify that (1) (this hospital) attended the deceased fram 5 67, 19___, that (I) (we) last to 7 and that death occurred at 530PM, fram causes and an the date stated abave. saw the deceased alive an 22o. SIGNATURE 22b. DATESIGNED DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Henry C. Scruggs, M. D. 23b. DATE THEREOF 7/20/67. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Cremation REMOVAL (Specify) Greenmount Crematory Baltimore, Md. 0 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto, Md. 21214 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Wiliamlas Judas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09766 09761 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag thin 72 haurs o .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress e. IS RESIDENCE ON A FARM? YES NO V carban ert with NAME OF Middle DATE Doy Year DECEASED OF (Type or print) DEATH 1967 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED ATE OF BIRTH lost birthdoy) Doys Hours WIOOWEO OIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT post of working life, even if retired) COUNTRY? gud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown), (If yes give wor or dotes of service 3077 crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE CONGESTIVE 6 14re Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse by the haspital ar attending as been as the priar to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS certificate has PERFORMED? Health NO 20o. ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached af (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor (County) Hour o.m. factory, street, office blda., etc.) While Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 19 < 7, that (I) (we) lost JUNG 1965, to JULY be retained 62 and that death occurred at 950 M, fram couses and on the date stated above. O FUNERAL DIRECTOR: saw the deceased olive on_ 22o. SIGNATURE 22b. DATE SIGNED MED. OIRECTOR STAFF PHYS. M.O. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NISCONSIN AN BETHENNA director, shauld be 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) July 8,1967 Mount Olivet Cemetery Frederick, Maryland 2So. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE M. R. Etchison & Son. Frederick, Maryland 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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e deoth ce attending sermit. Th		(Ye	s, no, or unknown)	(If yes give wor or dotes	of service)							1-11		
attendi permit. on, or r		_	NO			nknown	1 /	nedical	Rec	ords	W			
thot the d on. by the atte transit pern cremation,			PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY:	ise per line for	(o), (b), ond (c).)	.10						ERVAL BET	
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tten tten os l as	-	Z	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO 1	THE TERMINAL DISEASE	CONDITION G	IVEN IN PART 1	(a)	19.	WAS AUTO PERFORME	
AN: The solution of the soluti	2	CERTIFICATION										у		NO F
AN olo olo icot for Hec		필	20o. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury	in Port I or F	Port II of item	18.)			
Did it be	15	EE .	OR CONTRIBUTING (IF EITHER, NOTIFY I	MEDICAL EXAMINED	-									
HY ho s ce och ept		MEDICAL		IRY Month, Doy, Year	20d. IN	JURY OCCURRED	20e. PLA0	CE OF INJURY (Home,	form. 20f.	. (City or to	wn)	(County)	(Stote)
thi thi det det		WED	Hour o.n	10	While	Not While		ory, street, office bldg.,				(,	
Dy there she that			p.n	1.	of work		1 (10- I	10 / 7	. + .1	0	10/7	. /1\ /	1 200
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OR John Hith			22o. SIGNATURE	ceosed dilve an	149 0	14.07	and mai	deard occurred	012-1	.w., mom ea		b. DATE SIGN		abov
ret ret ret wit			220. SIGNATURE	1021	F			ATTENDING L	MED.	STAFF		D. DATE SIGN	1-	
be de de de			22c. PHYSICIAN'S	N-N fa	mell		M.D	22d. ADDRESS	DIRECTOR	PHYS.		1-1-	0/	
O HOSPITAL Page 4 may O FUNERAL director, page	1		NAME (Type)	R. N. So	ndsti	-on w	2	7701	Corri	, V Ave	- Jal	Tomo. Ja	styl	no
Page 4 r O FUNER director,		230	BURIAL CREMATIO	N, 23b. DATE TH	EREOF V	238. NAME OF CE	METERY OR	CREMATORY .	23d.	LOCATION (City	yor Toyan)	(County) (SI	tote)/
Page O FUN direct shoul	0		REMOVAL (Specify)	JULU	10, 467	Lecese To	al de	medice	Then	ige Pd	· Frie	00 Ho	5. /	12
7	K	24	FUNERAL PIRECTO	J.H.		ADDRESS	11 01	2 /2 X250.	EC'D BY REGY	FRAR 7 2		AR'S SIGNATUR	RE	
VR A15 (4) 25M 1/67	10	1	fithus) Kallers	2.0	54 curen	LOZ	DATE	TIL	1901	1 Tres	rela y	nogr	
	1	-						71118			DF			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09763 09768 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after deoth. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY OT o. STATE Maryland COUNTY COUNTY mont genery MARYLAND physician and completely filled in by the feet please remove carbon papers. Pages b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 72 hours o write RURAL and give nearest tawn) Rockville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 19 Argyle Street 19 Argyle Street within YES NO NO NAME OF Middle 4 DATE First Last Manth Year DECEASED 19 67 July 27. HIGGINS KATE HYATT event (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED birthday Months Doys Hours Sept. 21. 1894 Female White WIDOWED and in any DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? N. Carolina USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Margaret Griffith James L. Hvatt IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war or dates of service Clara Lee Hvatt-Item # 2 cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 moy be retoined by the hospitol or ottending physicion. DUE TO burial, Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause os the this certificate has been prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION detoched for use Stote Dept. af Heolth NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Not While factory, street, affice blda., etc.) at wark at work FUNERAL DIRECTOR: After poge 3 should be be filed with the Store 21. I certify that (1) (this hospital) attended the deceased from, , 1960, to July 1967, that (1) (see) last 27 1967, and that death accurred at 1130PM, from causes and an the date stated above. saw the deceased alive on fully 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 7/27/67 M.D. DIRECTOR **ADDRESS** 22c. PHYSICIAN'S Washington St., Rockville, Md. NAME (Type) Corinne Cooper director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) Bur-Transit 0 Gaston Memorial 2Sg. REC'D BY REGISTRAR Funeral Home-1331 Rockville Pik VR A15 (4) 20 M 1/66 Rockville Maryland

Service Total I trible a sale accepted it Li-each intensit related heard

1	1	0	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	. e. 2	E :	CERTIFICATE OF DEATH
	er death.	意言	1. PLACE OF DEATH a. COUNTY MONtgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY
	hours after d in by the	Nours at	b. CITY OR TOWN (if outside corporate limits, Kwite RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Washington. D.C. 47.2
•	24 fille	772	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) QO Kensington ardens Nursing Home d. STREET ADDRESS 4. STREET ADDRESS 4. STREET ADDRESS ON A FARM? YES NO
	completely to	S. E. E.	3. NAME DF DECEASED (Type or print) Virginia Ann Hildebrand DECEASED DEATH July 30, 1967 19
	0 00		5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR: last birthday) Hours Min. 1
	be cian	and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? II. S. A.
	rtificate ng phys	, a	13. FATHER'S NAME Thornton F. Berry Lucy Hicks
	eath certific attending p	n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Julia Mushinsky 5842 Oregon Ave. N.V
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burnal-fransit permit. Then pleated the use as the burnal-fransit permit.	burial, crematic	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO Chronic
	e law req r attending e has bee	Ith prior to	cause (a), stating the DUE TO Underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or attent or PUNERAL DIRECTOR. After this certificate has director page 3 should be detached for use as	of Heal	PERFORMED? YES NO YES NO YES NO YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	G PHYSI by the ho	X Sep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED A 20d. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work at work at work at work
	tained trong TOR: Aft	th the St	21. I certify that (I) (this hospital) attended the deceased from 30, 1967 to 4, 1967, that (I) (me) lass saw the deceased alive on 1967, and that death occurred at 30M, from the causes and on the date stated above
	L OR AT	filled wit	22a. SIGNATURE M.D. ATTENDING MED. OIRECTOR PHYS. 22b. DATE SIGNED M.D. PHYS. MED. OIRECTOR PHYS. 22b. DATE SIGNED
	ge 4 m	should be	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22
	10 Pag 51	£ 2	REMOVAL (Specify) Dirial 8/1/67 Rock reek Cemetery Washington Distants Stonature
	VR A15 (2901 14th St. N.W. Wash. D.C. DATE AUG 1 1967 Yurarles Juste

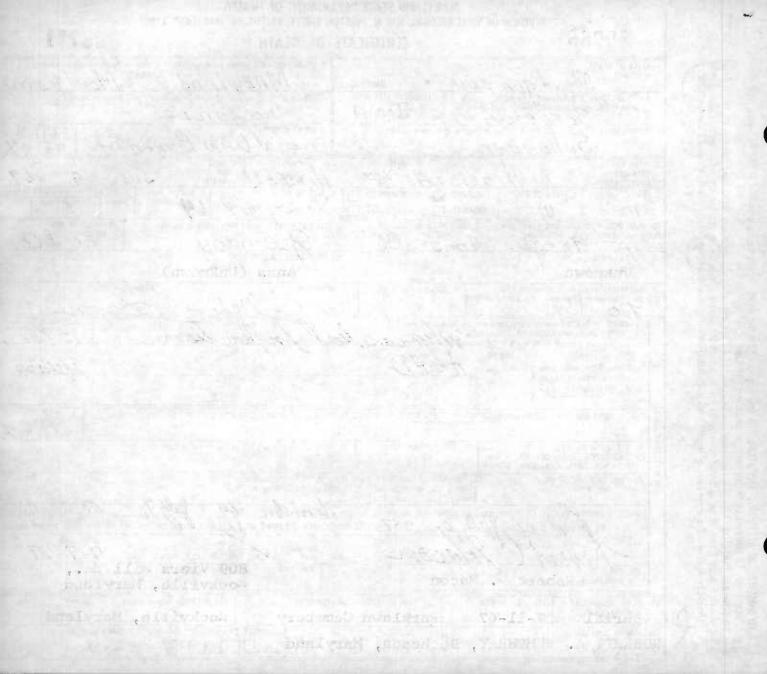
Annalmentan September a transport for the September of th Capitating the Company of the Compan Notes and the President and the Control of the Cont A Property of the second of th and a second policy. The antitional state of the first tree in the first tree in the first of the first tree . J. M. Markey J. M. St. and C. College Williams

7 1	Įt.	ems 18&21 Film 390 7-1MARYLANDSSTATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD CTATE	1	09765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09770
FOR STATE HEALTH DEPR	1	The state of the s	
	J".	a. COUNTY	0 /
deloy is and 3 to M3. Page them of	1	b. CITY OR TOWN At autside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN At autside corporate limits, write RURAL and	giye nearest tawh)
py dela pm3. pm3.	L	Takoma Park Jakoma Park	16-2
es 1, 2 form te Dep		d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
Poges and form	3	NAME OF First Middle Lost 4. DAYE Month	Day Year
g Property of the Store	0.	DECEASED (Type or print) That has a Hill of DEATH	4 1967
offe alo	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUND	ER I YEAR IF UNDER 24 HRS
24 hours offer in Item 18. Ger's Office alongs I ond 2 with after death.	1	emale region monte of broker 174 yrs.	
executed within 24 hours anding" in pencil in Item 18 Medicol Examiner's Office of permit. File poges I ond 2 within 72 hours after deoth	dui	ing most of working life even if retired) INDUSTRY	COUNTRY?
in 2, cil in iner's oges s aff	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
d within in pencil Examine Examine File pog		Isaac Bakot Lucy WashingTon	
hould be executed within 24 word "pending" in pencil in the Chief Medicol Examiner's riol-tronsit permit. File pages on event within 72 hours affer	1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address To	Koma Park. M
should be executed he word "pending" is to the Chief Medical buriol-tronsit permit. n ony event within 7	-	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
be e "per "ief /		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERPENDIA Malnutrition	ONSET AND DEATH
e should be the word "pe to the Chief buriol-tronsit in ony event		THE TO DUE TO	
sho ne w no th buric		Conditions, if ony, which gave rise ta immediate cause (a), (b) Cardiovascular disease	Years
ficate ing th rded 1 os a and in		lost. DUE TO Course Cour	Years
word word ol, a	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
This certificate should be executed within ficote, writing the word "pending" in pencil be farworded to the Chief Medicol Examine d be used os a buriol-tronsit permit. File pagaremovol, and in ony event within 72 hours o	CATIO		YES NO
# _ P _	CERTIFICATION	20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item IB.) CAUSE OF DEATH.	
EXAMINER: ute the certificage 4 shauld your files. Poge 3 should cremotion, or	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, 2Df. (City ar tawn)	County) (State)
KAM te th je 4 /our oge emo	WEE	Hour a.m. While Not While factory, street, affice bldg., etc.) p.m. 19 at work at work	
S. P. P. C.		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	
se exector. Profession		deoth resulted from: Noturol couses X, Accident , Suicide , Homicide , Undetermined monner	
MEDICAL EXA pleose execute director. Page retained for you DIRECTOR: Pog rr to buriol, crer		SIGNATURE OF M. S.	22. DATE SIGNED
DEPUTY / Cessory, planting be refuneral common be refuneral colfn prior		EXAMINER'S DEPUTY MEDICAL EXAMINER 1 1/4/6	7
	23	NAME (Type) Address (Street, city, tawn, ar county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
5 = 2 0 ± 0	15	Burial (Specify) 78-67 Harmony Memorial Park Prince Georges,	Md.
VR A15ME (5)	2	4. FUNERAL DIRECTOR John T. Rhines Co ADDRESS 3015 12th 25d. REC'D BY REGISTRAR 25b. REGISTRAR	
6M 1/67		Funeral Home St., N.E. D. Wash., DATE UL 7 1967	ver Juage

Tenedla Regel all 18 THE SHOW WELL THE STATE OF THE AR SOLD TO SHE SE SHOW HOTTLE THAN THE THE SHE XXX Haftel 7-2-07 Farery Heartal fract Prince Goorges, Mis-John E. Shinapita 3058 1200 Functal Rose n. 80., J.E., Ogn., UL.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09771 09766 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH arie o. COUNTY o. STATE MARYLAND c. LENGTH OF STAY IN 1b outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town hin 72 haurs OCKUILL e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middle DATE Dov Year event, wit DECEASED Max 19 6 DEATH (Type or print) IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH L birthdoy) WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR CQUNTRY? during most of working life, even if retired) **INDUSTRY** FPman4 SUPT.

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Anna (Unknown) crematian, or remai INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for to), (1), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO signed 1 Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying cause by the haspital ar attending this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased from Movember, 1964 be retained 1967, and that death accurred at 1217AM, drop causes and an the date stated obove saw the deceased alive on. 22b. DATE SIGNED 220. SIGNATURE M.D. 22d. ADDRESS 809 Viers TO HOSPITAL Page 4 may b FUNERAL NAME (Type) Robert Macon Rockville. Mary Land directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION Burial'specify) Rockville, Maryland 7-11-67 Parklawn Cemetery 0 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland



death. Page 1M.D. OR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, letached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be Kiled with ENDING PHYSICIAN: The law requires that the death certificate be executed within 24th page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Poges the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. CASE 1/4 "CLEARED" e haspital or attending ORONER may be retained
TO FUNERAL DIREC TO HOSPITAL OR

VR A1S (4) 1SM 9/S9

09767

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Them 3 F1 CERTIFICATE OF DEATH

09772

1. PLACE OF DEATH o. COUNTY	O STATE	/here deceased lived. If institution: Residence before admission) b. COUNTY DEDITED					
MONTGOMERY		RSEY BERGEN					
RURAL and give negrest town)		c. CITY OR TOWN (If outside exporate limits, write RURAL and give nearest town)					
SILVER SPRING 2	WEEKS FORT	LEE 17.3					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
1710 FLORA LANE	Horizon	HOUSE 3 YES NO 1					
3. NAME OF First DECEASED	Middle Holm-Anderson	4. DATE Month Day Yeor					
(Type or print) THORBJORG MAR	I'M HULLAL/ANDERSON	DEATH JULY 2 1967					
S. SEX 6. COLOR OR RACE 7. MARRIED WA	EVER MARRIED B. DATE OF BIRTH	9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.					
FEMALE WHITE WIDOWED	DIVORCED JUNE 1/1	9/1 56 yrs. Months Doys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote						
HOUSEWIFE NO	7 Home ICEL	AND U.S.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN						
GISLASON, INGOLFU	VIGEU	SDOTTIR, ODDNY					
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI (Yes, no, or unknown) (If yes, give war or dates of service) / "7 / "		Address FLORA LANE					
no 131-30	8-2525 MRr. THORS, A	GUSTA 1710 FLORA LANE SILVER SPRING, MD					
1B. CAUSE OF DEATH [Enter only one couse per line for (o),	, (b), and (c)-]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	TE HEART FAILU	ONSET AND DEATH					
414 DUE TO		SEVER 42					
Conditions, if ony, which) (b) CHROA	Conditions, if ony, which) (b) CHRONIC MYOCARDIAL DIFFEE AND FAILURE						
gove rise to immediate		SEVERAC					
lying couse lost.	27 DISEASE YEARS						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU		YES NO					
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOVE OR CONTRIBUTING AUSE OF DEATH	W INJURY OCCURRED. (Enter noture of injury in	Port 1 or Port II of item 1B.)					
20c. TIME OF INJURY Month, Doy, Year While Not of work of two of w	CCURRED 20e. PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or town) (County) (Stote					
Hour o. m. p. m. While Not of work of work to two	work	c.)					
21. 1 certify that (1) (this haspital) attended the	deceased from 6/19 1	2 67 to JULY 2 , 1967, that (1) (we) las					
		PM, from the causes and on the date stated above					
220. SIGNATURE	a /	22b. DATE					
Sames a. Rob	Lects M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. JULY 2. (6					
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS						
JAMES A. ROB	SERTS 18907 GET	O. AVE, SILVER SPRING, MARYU					
	AME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (Stote)					
Removal (Specify) 7/6/1967		Rockville Centre, New York					
	DRESS 8434 Ga. Ave. 250. REC	C'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Warner E. Pumphrey, Inc. Silver	Spring. Md. DATEU	L 5 1967 Charles Judge					
1 17							

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09768 CERTIFICATE OF DEATH death. requires that the deoth certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MONTGOMERY o. STATE b. COUNTY MARYLAND MARYLAND MONTGOMERY attending physician and completely filled in by the sourmit. Then please remave carbon pagess. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b KENSINGTON 11506 Lund Place, Kensington, Md d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Kensington, Md. YES NO NO 11506 Lund Place Kensington Md NAME OF 4. DATE Lost Month Year DECEASED CT.ARA MAE HOPKINS July 13 19 67 (Type or print) DEATH IF LINDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours white WIDOWED DIVORCED April 21.1936 Female 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Missouri 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME CARL T. CURTIS LOIS WILLE-ATWATER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 11506 Lund Place, permit. (Yes, no, or unknown) (If yes give wor or dotes of service) James A. Hopkins Kensington, Md. No none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been 2121cus 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T NO or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work pe 21. I certify that (1) (this hospital) attended the deceased fram 7 deceased, 1967, ta 13 frag, 1967, that (1) (we) last saw the deceased alive an 3 frag 1967, and that death accurred at 11 deceased and an the date stated above. shauld 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. director, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Page 4 moy NAME (Type) Dimitroff M.D. 11300 Woodson Ave. Kensington, Md. Ann M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial Minden City Cem. 0 July 17, 1967 Minden. Nebraska 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT A. BETHESDA, MARYLAND PUMPHREY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09769 CERTIFICATE OF DEATH death funeral s 1 ond death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY STATE COUNTY PHYSICIAN: The low requires that the death certificate be executed within 24 hours after antsomEn MARYLAND CITY OR JOWN (If autside porporate limits, write BURAL and give nearest tawn) c. LENGTH OF STAY IN 1b ON OWN (If outside carparate limits, write RURAL and give nearest tawn) nesda A NAME OF HOSPITAL OR INSTITUTION (If/nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 YES NO T NAME OF Middle DATE Manth Day Year DECEASED DEATH (Type or print) 1950 event comple 0 S. SEX 9. AGE (Incears FUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR 7. MARRIED **NEVER MARRIED** DATE OF BIRTH ast birthday) Months Days Haurs 9-19-188 and in any DIVORCED male WIDOWED puo 1Da. USUAL OCCUPATION (Give kind of wark dane KIND OF BUSINESS OR ! 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) turing most af working li COUNTRY? physician nen please 21/118 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME removal WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 0 cremotian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
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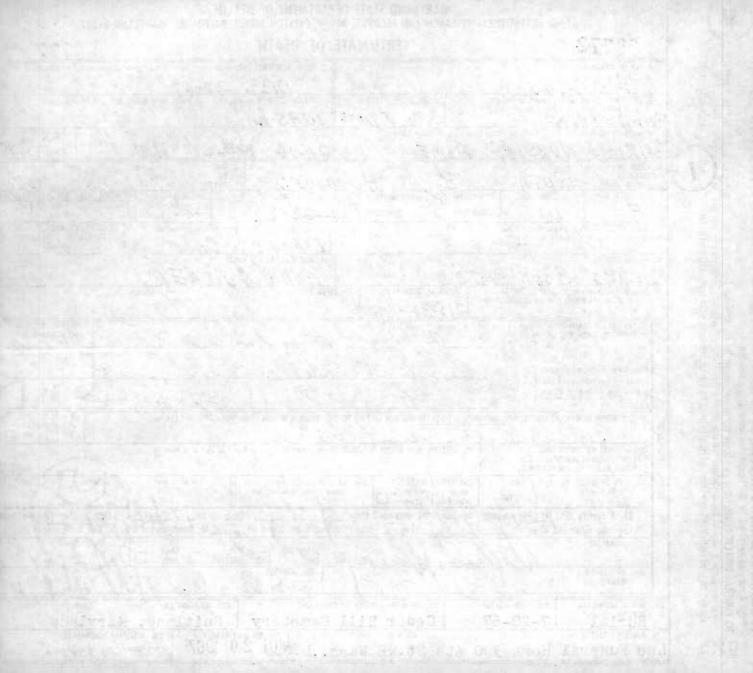
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09772 death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY rs. Pages 1 ONTROMER MARYLAND the c. LENGTH OF STAY IN 16 TOWN (If outside corporate fimits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) IVER SPR: P d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i within YES NO IF 3. NAME OF First Middle Lost 4. DATE Month Year Doy completely DECEASED OF 196 DEATH (Type or print) S SEX AGE (In years IF LINDER YEAR IF UNDER 24 HRS eve 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remave ast birthdoy) Months Dovs Hours burial, cremation, or removal, and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 11. RIRTHPLACE (County & State, or foreign country) COUNTRY? physician o during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) ((If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. signed by DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse priar to DIRECTOR: After this certificate has been as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? use CERTIFICATION with the State Dept. af Health YES NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this hospital) ottended the deceased from July, 1997, that (1) (we) los . 1965 . to 1 7, and that deoth occurred at 8 7 M, from causes ond on the date stated above saw the deceased alive an An 22o. SIGNATURE 22b. ATTENDING director, page 3 shauld be filed v DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) Burial (Specify) Cedar Hill Cemetery 7-20-67 Suitland. Marvland 9 REC'D BY REGISTRAR 2 0 1967 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4), 20 M 1/66 Lee Funeral Home 300 4th St.NE Wash., D.



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09775 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY ONTGOMER IONTGOMERS event, within 72 hours after MARYLAND CLENGTH OF STAY IN 16 CITY OR LOWN autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn 670 SILVER SPRINGfilled in I d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO DE 3. NAME OF Middle DATE ave carbon Manth Day Year Campletaly DECEASED DSE AKOF JUL 1967 (Type or print) DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs IAP 25 WIDOWFD DIVORCED and in all re 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) please during mast af warking life, even if retired INDUSTRY COUNTRY ? physician USSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, attending phys MOLONSKY ITH LEAH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, na_er unknawn) (If yes give war ar dates af service) SAME AS crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO burial Canditians, if any, which gave rise ta immediate cause (a), DUE TO tar use as the l f Health priar ta b stating the underlying cause has been last WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X this certificate 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from , 1962, that (1) (we) last be filed with the ? and that death accurred of 429.M, from couses and on the date stated obove sow the deceased olive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23a BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) State) REMOVAL (Specify) FUNERAL DIRECTOR 2Sb.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09781 09776 MEDICAL EXAMINER'S FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY STATE h. COUNTY MOTRAMERY MARYLAND State Departmen autside (abarate limits, CLENGTH OF STAY IN 16 OR TOWN (II autside carparate limits, write RURAL and give nearest tawn) del pup d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with farm YES NO in Item 18. Give Pages be executed within 24 hours after death. NAME OF Middle DATE Last Year OF DEATH DECEASED Type ar print Office along AGE 5. SFX 6. COLOR OR RACE DATE OF BIRTH anderwith NEVER MARRIED last birthday) Days Months WIDOWED DIVORCED 10-17-36 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR BIRTHPLACE (State or fareign country 12. CITIZEN OF WHAT during most of working life, even if retired) . NDUSTRY COUNTRY? drune 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil permit. File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. grunknown) (If yes give_war ar dates of service) pending" any event within CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSEL AND DEATH ABSCE IMMEDIATE CAUSE (a) This certificate shauld certificate, writing the ward DUE TO Canditions, if any, which gave (b) rise ta immediate couse (a), farwarded ta = DUE TO stating the underlying cause Ö. gud Sign WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, NO pe 20a. EXTERNAL CAUSE WAS PRIMARY Aor CONTRIBUTING □ HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II al item 3 shauld shauld b ckTire blew up CAUSE OF DEATH. crematian, MEDICAL 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, ollice bldg., etc.) Yaur Nat While FUNERAL DIRECTOR: Page please execute of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔨 ond in my opinion Accident X Noturol couses death resulted from: Suicide Homicide Undetermined monner directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE MD funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Address (Street, city, town, or county) Health NAME (Type) 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 0 5 REMOVAL (Specify) SPENCERVILLE. ROUND OAK CEMETERY RICH BY REGISTRAR 196725b. RESISTANCE 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) ROCKVILLE, MARYLAND DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09778 CERTIFICATE OF DEATH 09783 PLACE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ComeRU s. Poges 1 hours after MARYLAND on Gomeky 24 hours after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (1) gutside carparate limits, write RURAL and give/nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS NAME OF First Middle Last Dov Year DECEASED (Type or print) 196 DEATH the deoth certificate be executed COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Manths Dovs Hours WIDOWED and in ony DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER 14 MOTHER'S MAIDEN NA 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. Address cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: PHYSICIAN: The low requires that IMMEDIATE CAUSE (o). signed by Poge 4 may be retained by the hospital or attending physicion. DUE TO buriol, Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause the prior to hos been last. SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P YES 0 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While at wark ot wark 1967 ta 7 - 2 21. I certify that (1) (this hospital) attended the deceased fram 3-6 1967, that (1) (***) last director, page 3 should should be filed with the 1967, and that death accurred at 31500M, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 6 -22a. SIGNATUR 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 30. BURIAL REMATION, **CEMETERY OR CREMATORY** (State BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09780 09785 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay is Poge MARYLAND OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL gud give negrest town? 2, and P.M3. INSTITUTION (If not in hospital, give street oddress) d. NAME e. IS RESIDENCE ON A FARM form Give Pages YES be executed within 24 haurs after death. with NAME OF Middle 4. DATE DECEASED OF DEATH Type or print Office alang AGE (In years COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH irthdoy) Months Days Hours pencil in Item 18. death. WIDOWED DIVORCED YES land 2 OCCUPATION (Give kind f work done 106 (State or foreign 12. CITIZEN OF WHAT during most of working life, even if retired) haurs after JEORGIA word "pending" in pencil in the Chief Medical Examiner's pages 200 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fie WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This certificate shauld writing the word DUE TO any Conditions, if ony, which gove rise to immediate couse (o), ţ = DUE TO stoting the underlying couse 0 farwarded and SD lost. used WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, ERTIFICATION certificate, pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 50 EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour a.m. Not While factory, street, office blda., etc.) DIRECTOR: Page at work please execute ot work 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Inspection director. Noturo couses M. Accident Homicide Unsetermined monner retained CHIEF MEDICAL EXAMINER ţ 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior FUNERAL funeral TO DEPUTY pe EXAMINER'S or county) the ENCIERY OR CREMATORY BURIAL CREMATION 50 REMOVAL (Specify)
Burial Georges County. Prince Memorial Park Carver REC'D BY REGISTRAR 2Sb. VR A15ME (5) Street, N. E. Washington, 1967 Funeral Home 6M 1/67 DATEALG

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09781 09786 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY > lont GomeRL MARYI AND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b (If outside carporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Kensington 10 mg 9 da e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X NAME OF Middle OATE Month Lost Year OECEASED 19 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED OATE OF BIRTH AGE (In years IF UNDER 24 HRS Months Doys DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY/ 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Unknown Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addis Jown, Maine (Yes, no, or unknown) (If yes give wor or dotes of service) Baillargeon Funeral Home 9-60-678 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET ANO DEATH IMMEDIATE CAUSE DUE TO Conditions, if ony, which gove rise to immediate couse (a), **OUE TO** stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternative of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Ooy, Year (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While ot work

21. I certify that (I) (this hospital) attended the deceased from 19 67, and that death occurred at 6:32 m. from cosses and on the date stated above saw the deceased olive on 3014 /220. SIGNATUR

M.D.

PHYS 22d. ADDRESS

DATE SIGNED

DIRECTOR

23o. BURIAL CREMATION. REMOVAL (Specify)

22c. PHYSICIAN'S

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Old Town

(County) (Stote)

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09782 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth attending physician and completely filled in by the funeral permit. Then pleose remove carban papers. Pages of and on, or removal, and in ony event, within 72 hours affer deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . COUNTY Maryland b. COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Wheaton Silver Spring mo. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? University Nursing Home 2204 Washington Avenue YES NO X NAME OF Middle 4. DATE Lost Month Dov Year DECEASED (Type or print) Tillie Kaufman 7-9 none DEATH 1967 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Dovs Hours White WIDOWED DIVORCED Female 8/23/1896 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDIISTRY COUNTRY? Housewife IISA Russia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotion, or removal, Joseph Pecker Udel Abelman 15. WAS DECEASED IVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service Mr. Morris Kaufman-2204 Washington Ave. no 218-16-9049 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO hos been see as the the prior to b stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use Health p this certificate h detached for use NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) of work ot work O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat 21. I certify that (I) (this haspital) attended the deceased fram. - w 6 . 19 6 / to . 19_6 2 that (1) (we) last 1967, and that death accurred at 933 M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 6056 Central Ave. (Seat Pleasant NAME (Type) William Brainin, M.D. 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY -23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) National Capital Hebrew Cem. Washington, DC 7-10-67 ADDRESS WASHINGTELY DE250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 Milanday 1967 Nanyandley 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09783 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. county a. STATE South Carolina MARYLAND attending physician and campletely filled in by the f permit. Then please remave carbon papers. Pages an arremoval, and in any event within 72 haurs after b. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) write RURAL and give negrest town) Days 46 Menriv Park, Charleston Bethesda (rural d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 49 Webster Street NO To nt within Naval Hospital YES requires that the death certificate be executed within NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 1967 Janet KERN July Yvonne (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Manths Doys Haurs Female Oct. 27,1963 Cauc. WIDOWED DIVORCED 11. BIRTHPLACE (County & State, ar fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Portsmouth. Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jackson R. Kern Helen Watson 17. INFORMANT Park. Charleston Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. es, na, ar unknawn) (If yes give war or dates of service) Jackson R. Kern, 49 Webster St., Menriv N/A burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute leukemia with confluent bronchopneumonia IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUF TO stating the underlying couse has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) **) FUNERAL DIRECTOR:** After this certificate ha director, page 3 should be detached far use should be filed with the State Dept. af Health ₁ YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) While Not While at work at wark 21. I certify that \$1 (this haspital) attended the deceased from June 7, 19 67, to July 19, 1967, that \$1 (we) last 19, 67, and that death accurred at 64.5 AM, from causes and an the date stated obove. saw the deceased olive an July 19 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 20 July 1967 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. I. LYNCH M.D. Naval Hospital. Bethesda. Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 7-22-67 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Cedar Hill Cemetery Covington Virginia 9 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Tuesday Judge 7557 Wisconsin Ave., Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0978 09789 CERTIFICATE OF DEATH death. funeral and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY 2 STATE b. COUNTY after MARYLAND RGINIA b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Write RURAL and give nearest town) requires that the death certificate be executed within 24 hours AYS ETHES) A 61 3d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS cachon papers NO X YES 3. NAME OF Middle DATE Lost Month Doy Year DECEASED v.event.) DEATH 19 (0 (Type or print) ILHELMINA S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH gove. birthdoy) Months Doys Hours 50 WIDOWED DIVORCED ond, 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11_BIRTHPLACE (County & Stote, or foreign country) = during most of working life, even if retired) COUNTRY? **INDUSTRY** attending physician permit. Then please DOKLYI +OUSE/1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotian, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 2540 16. SOCIAL SECURITY NO. 17. INFORMANT MASS. AUE. permit. (Yes, no, or unknown) (If yes give wor or dotes of service CLUKNOUDN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the buriol-tronsit p buriol, cremotion PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use as the t stoting the underlying couse hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 10 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) While Not While Stote ot work 19 57 19 (), that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram , and that death accurred at 4 50 M. Fram causes and an the date stated above. 19.3 saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) terrial FUNERAL DIRECTOR DDRES 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEAL DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. executed within 24 hours after death. funeral PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a COUNTY b. COUNTY by the MARYLAND Pages urs aft b. CITY DR TOWN of outside corporate limits. c. CITY DR TDWN of outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers, res write RURAL and give nearest toxin) Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 7 NO X YES _ completely 3. NAME DE First Middle DATE Month Day Last Year DECEASED DEATH (Type or print) 19 ast birthday) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DAT 9. NEVER MARRIED 7. MARRIED remor n any Days WIDOWED I DIVORCED attending physician at ermit. Then please rei on, or removal, and in a 10a. USUAL DCCUPATION (Give kind of work done l 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT that the death certificate be during most of working life, even if retired) MDUSTRY COUNTRY? erell 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. permit. (Yes, no, or ankown) (If yes give war or dates of service) cremation, the INVERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit burial, cremat signed by PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. J Mipa Co IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) peen gave rise to Immediate the l DUE TO cause (a), stating the prior underlying cause last. to FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? CERTIFICAT YES X ND T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7/1 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATDRY LOCATION (City, fown or county) 23a. REMOVAL (Specify) mou FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. | REGISTRAR'S SIGNATUR 196 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09786 09790 CERTIFICATE OF DEATH eral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY ely filled in by the fundation being papers. Pages 1 c Montsomeru Montgomers maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside carparate limits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) write RURAL and give negrest town ROCKVILLE Silver Sprine d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cross HOS Dital 11900 Pockinchorse NO PR completely f NAME OF Middle First Last 4. DATE Manth Doy Year DECEASED OF 0 Kins lice 19 67 (Type or print) DEATH event, S. SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours White Female 10 and in any WIDOWED JA DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired keized practical physicion o COUNTRY China 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Gere Shipley Wood WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Rocking Horse Road permit. 11900 (Yes, no, or unknown) (If yes give wor or dotes of service 232-62-1708 Mrs. Lenora None cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s). INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gave (b) rise to immediate couse (o), DUF TO stoting the underlying couse prior to the has been lost 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this hospital) attended the deceased fram Tranzi . 1966 to Sully 14 1996 . that (1) (-we) last 3 should I with the S FUNERAL DIRECTOR: 1967, and that death accurred at 11,400 M, fram causes and an the date stated above saw the deceased alive an_ 22a, SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, page should be filed PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) RARON 8237 Georgia Aue 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) B REMOVAL (Specify) 1967 Moreland Memorial Park Cem. Baltimore. Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09793 09788 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RELECT and give hearest town) LENGTH OF STAY IN 16 c. CITY OR, TOWN (If ourside-corporate limits, write RURAL and give nearest town) ie. papers. d. NAME OF HOSPITAL OR, INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 filled NO X YES carban 3. NAME OF First Middle 4. DATE Lost Year. completely DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE/OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR **NEVER MARRIED** Months (birthdoy) WIDOWED DIVORCED and in an and ren 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, 15. WAS DECEASED EVER IN U.S. ARMED FOR (ES? (Yes, no, or unknown) (If yes give wor ar dates of service) 170 INFORMANT 16. SOCIAL SECURITY NO. Rockvillema signed by the atte burial-transit perm burial, crematian, a 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN the PART I. DEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO far use as the k f Health prior ta b stoting the underlying couse this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0 19. WAS AUTOPSY PERFORMED? NO OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur 'a.m. factory, street, affice blda., etc.) While Nat While of wark L at work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that death accurred at_ 62M, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. director, page shauld be filed 22d. ADDRES! 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23o. BURIAL CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (GitygorTown) REMOVAL (Specify) FUNE AL DIRECTOR 2Sa. REC'D BY_REGISTRAR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09789 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) county homeny MARYLAND 24 hours after b. CITY OR TOWN (If autside carpo ote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b TOWN (If outside carporate limits, write RURAL and give nearest lawn) papers. Pag hin 72 haurs o Dethisaas d. NAME OF HOSPITAL OR INSTITUTION (V not in haspital, give street oddress) d. STRFFT ADDRESS e. IS RESIDENCE ON A FARM? illed in NO K OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle 4 DATE carbon enf, wit Day Year DECEASED OF DEATH AMES (Type or print) IF LINDER 1 YEAR S. SFX 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0 last birthdoy) Months Days Hours any WIDOWED DIVORCED nar 23, 1903 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT , and in doing mast of working life, even if retired) COUNTRY? physician (ten please 13. FATHER'S NAME ar remava OCKER, RHODA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war ar dotes af service 578-10-5423 burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) the ONSET, AND DEATH burial-transit PART I, DEATH WAS CAUSED BY: CORONAR VITROM BUSIS IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gave + YPERTENSIVE rise to immediate cause (a), DUE TO stating the underlying couse has been 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached t shauld be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour o.m. Not While factory, street, office blda., etc.) While be retained by 21. I certify that (I) (this haspital) attended the deceased fram TAY, 1953, to TOLY, 1967, that (I) (we) last saw the deceased alive on TOLY 1967, and that death accurred at 1957, from causes and on the date stated abave. 226 DATE STONED 22a. SIGNATURE ATTENDING STAFF 7-26-67 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 460 WILCONSIN NAME (Type) BETHEEDAR 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) BEMOYA (Sparify) 7-29-67 Gate of Heaven Cem. Silver Spring, Maryland 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles ROBERT A. PUMPHREY, Bethesda, Maryland DATE JUL 28 1967

Company June 1914 5 85 5 X Detherhan De The Ball 512 Clin St. Oct 19 THE STATE OF THE MEAN STATE OF THE STATE OF mile white MOKEN 1903 68 mit direct many and many Bus Druce D.C. Duniet much throng thousand Ecker are comes as the Ti-10-502 Mine, T. teliner - wife 43.6 " as " Com "

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09780 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Montgomery o. STATE District of Columbia delay is and 3 to M3. Page MARYLAND b. CITY OR TOWN (If outside corporote limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 write RURAL and give neores town) Bethesda (rural) 55 days Washington 601 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with farm in pencil in Item 18. Give Pages 1, 1841 Columbia Road, N.W. Apt. Naval Hospital This certificate shauld be executed within 24 haurs after death. NAME OF Middle 4. DATE DECEASED KULBERG July Susan Olive (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Nov. 12. 1949 any event within 72 haurs after death. Cauc WIDOWED DIVORCED Female 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Student **INDUSTRY** Bradford, Massachusetts 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mellicent McLagan Harry O. Kulberg N.W. Apt. 601 Address Wash. D.C. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Harry O. Kulberg, 1841 Columbia Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchial Pneumonia writing the word Conditions, if ony, which gove (b) Anoxic encephalopathy rise to immediate couse (o), __ DUE TO stoting the underlying couse Respiratory arrest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remayal, the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 3 shauld PRIMARY X or CONTRIBUTING crematian, ar LAL EXAMINER: CAUSE OF DEATH Over dose of Darvon 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Home street, office bldg., etc.) While of work of work FUNERAL DIRECTOR: Page xx L May 19 67 Washington D.C. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry x, deoth resulted from: Notural couses Accident Accident Monicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Bethesda, Md. John G. BALL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230. BURIAL CREMATION Arlington, Virginia 7-18-67 Arlington National

24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home

7557 Wisconsin Ave., Bethesda, Md.

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09796 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) MARYLAND CLENGTH OF STAY IN 16 NYTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF W First Year DECEASED SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED and in any WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) Rouse **INDUSTRY** ISSOUR 13. FATHER'S NAME harles Fachle Louise Hageman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Silver Spring. crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN AS PART 1(0) WAS AUTOPSY PERFORMED? for use Health **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part or Portal of item 18.) 3 shauld be detached twith the State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, 2Dd: INJURY OCCURRED 2Df. (City or town) (County) (Stote) foctory, street, office Ilda, etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram. and that death occurred at SAM, fram causer and on the date stated above. sow the deceased alive on. 220. SIGNATUR 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) Belle Fountaine Cemetery Louisk VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09792 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) MARYLAND MARYLAND DONIGOMERY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town SILVER BETESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? UBUR BAN 2304 YES NO NAME OF First Middle 4. DATE Year Doy DECEASED (Type or print) DEATH 19 67 NCASTER S. SEX 6. COLOR OR RACE 7/ MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** 9. AGE (In years lost birthday) Months Doys Hours гета WIDOWED DIVORCED and in any MALE NEGRO pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. SIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? MARYLAND NURSERY WORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. NCASTIER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service LANCASTER - WIFE SAME burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Coronary insufficiency 24 hours the haspital or attending physician. DUE TO signed Coronary arteriosclerosis Conditions, if ony, which gove vears rise to immediate couse (o). DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Primary cholangio-carcinoma, left lobe of liver YES 🛖 NO certificate 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram , 19___, that (I) (we) last ta. be retained TO FUNERAL DIRECTOR: saw the deceased alive an. and that death accurred at 10 47AM, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR be filed 22c. PHYSICIAN 22d. ADDRESS NAME (Type) directar, shauld b BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24) FUNERAL DIRECTOR ADDRES: 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09793 09798 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY filled in by the function of papers. Pages 1 c MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) PLAINS TAKOMA MARK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STRFFT ADDRESS e IS RESIDENCE ON A FARM? SAKITARIUM WASHINGTON HOSPITAL YES NO K carban NAME OF Middle 4. DATE Month Doy Уеат DECEASED LANGDON (Type or print) LOUIDA DEATH 1967 remaye con S. SEX 6. COLOR OR RACE 9. AGE (In years lost birthdoy) IF LINDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Hours W DIVORCED WIDOWED 🔀 and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Housewife XXXXX Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, HOWARD WILLIAM 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** 4 Manchester Place ORDSSilver Spring, Md 16. SOCIAL SECURITY NO (Yes, pg, or unknown) (If yes give wor or dotes of service) crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be detached for use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20c. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram be retained director, page 3 shauld shauld be filed with the and that death accurred at 550 A.M. fram causes and an the date stated obove. saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 23o. BURIAL, CREMATION, DATE AHEREOF 23c. NAME OF CEMETERY OR CREMATORY 238. LOCATION (City or Town) REMOVAL (Specify) Fort Lincoln Crematory 1967 Prince Georges Co.. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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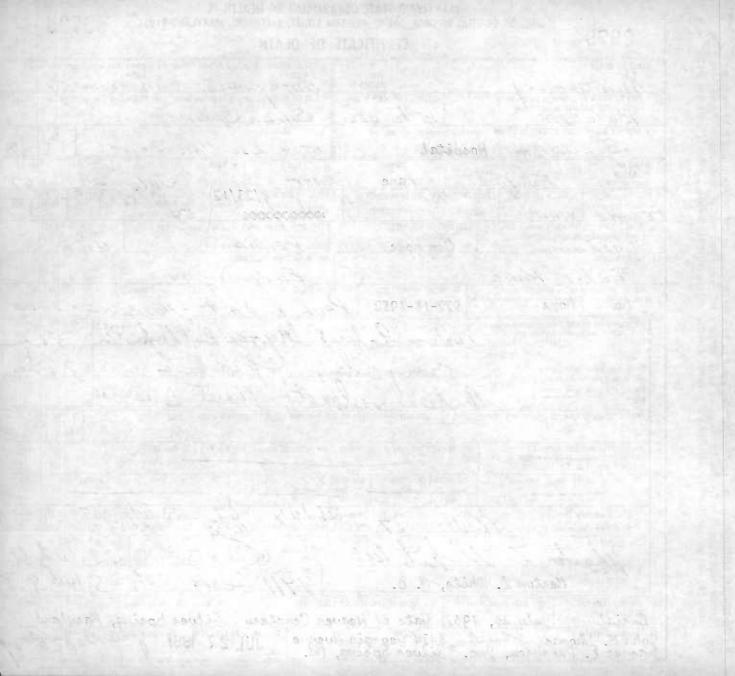
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CEPTIFICATE OF DEATH

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10S	FUNE recta	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)						
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09800 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY q. STATE b. COUNTY MARYLAND mary and Montgomera campletely filled in by the flove carban papers. Pages y event, writin 72 hours after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO K NAME OF Middle 4. DATE Month Doy Year Lost DECEASED OF 196 DEATH (Type or print) tmar Kose 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED K DIVORCED remaval, and in any 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 45 HUSTVIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME STISTEL Address 6409 E. Halbert 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service ar Mrs. Anita Bickford Bethesda. signed by the atter burial-transit permi burial, crematian, a INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse by the haspital ar attending the has been as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed for use NO certificate Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED **DIRECTOR:** After this foctory, street, office bldq., etc.) Not While of work pe 21. I certify that (1) (this haspital) attended the deceased fram Mais 1967 to 196/, that (1) (we) last Page 4 may be retained Live 24 19 67, and that death accurred at 18 AM, from causes and an the date stated above saw the deceased alive an. 220 SIGNATURE STAFF PHYS. M.D. DIRECTOR PHYS , page be filed 22d. ADDRESS 22c. PHYSICIAN'S N.W. WASHINGDN, QC. FUNERAL 2141 NAME (Type) ADIN directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Flushing, Long Island, N.W. Mount Hebron 0 Burial St250. REC'D BY REGISTRAR ADDRES 232 Carroll 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Stein Donald M. ocharles VR A15 (4) Wash., D.C. Hebrew Memorial Funeral Home 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09801 09796 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral on please remove carbon papers. Pages I and PLACE OF DEATH o. COUNTY a. STATE b. COUNTY montgomer-MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Reaton d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 YES NO & NAME OF DATE Lost Doy Year DECEASED 1967 (Type or print) DEATH Jul4 rner IF UNDER 24 HRS. IF UNDER 1 YEAR SEX 9. AGE (In years 6 COLOR OR RACI 7. MARRIED NEVER MARRIED B DATE OF BIRTH lost birthday) Months Hours WIDOWED V DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast abworking life, even if retired) **INDUSTRY** COUNTRY? a lam 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aya Harris 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates af service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).) NTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO signed b Conditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. PART II, ATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? use of Health NO A YES far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) Not While factory, street, affice bldg., etc.) at work L 19 67, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 67 to 18 19 62, and that death accurred at 4: 304M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 60/10 director, 23a. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 23b. (County) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D. BY REGISTRAR VR A15 (4) 20 M 1/66

DIVISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2a, b,c & d Film #0390 7/11/67 pc CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decensed lived, if institution: Residence before admission) o. COUNTY carbon papers. Pages 1 ent, within 72 hours after MARYLAND b. CITY OR TOWN (If dutside corporate limits c. LENGTH OF STAY IN 1b nute minits, write RURAL and give nearest tawn) Bron MUTION (It port in haspital, give street address) .⊑ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery capyfetely filled NO L YES NAME OF 4. DATE Year DECEASED 1967 (Type or print) DEATH Le VIME SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** B. DATE OF BURTH IF UNDER 24 HRS. 0 last birthday Months Days Haurs remai and in any WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of wark dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) physician (INDUSTRY COUNTRY? House we 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remaval, attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMAN 3 2 16 Brooklaury Con Chicery Clease 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit p burial, crematia ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 27EARS rise to immediate cause (a). DUE TO far use as the l stating the underlying cause has been 2 WEEKS GANGRENE OF LEFT FOOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 2Do. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour 'o.m. factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (I) (this hospital) attended the deceased fram. rely 5 1967 , and that death accurred at M. from duses and on the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED. **ATTENDING** M M.D. DIRECTOR director, page shauld be filed 22c. PHYSICIAN'S ADDRESS NAME (Type) Simon C. Weiner 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Toyn) una 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 96 725b. VR A15 (4) 25M 1/67 Dannanch

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09803 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ONTGOMER MARYLAND b. CITY DR TDWN (If autside corporate limits CLENGTH DE STAY IN 16 c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give peorest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled NAME OF First Middle 4. DATE Last Ooy Year DECEASED SARAH 30 (Type or print) 19 DEATH AGE (In years lost birthdov) S. SEX 6. CDLOR OR RACE 7. MARRIED 8. DATE DE BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED WIDOWEO OIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10h KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Polano NousewiFe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. CHAIM BLOCHARSKY RASHA ---15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 9320 Grey-(Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Jeanette Behrman, rock Rd.S.S burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (o) by the haspital ar attending physician. OUE TO Conditions, if ony, which gave rise to immediate cause (o), OUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (DNDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEO? NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Ooy, Yeor 20d. INJURY OCCURRED O FUNERAL DIRECTOR: After this 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased fram 19 6) ta 30 19 that (I) (we) last ro Hospital or ATTEND Page 4 may be retained and that death occurred at 120am, from causes and on the date stoted abave. saw the deceased alive an 22o. SIGNATURE DATE SIGNED 196 M.D. PHYS OIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (REMATOR) 23d. LOCATION (City or Town) (Stote) (County) 7/31/67 Elesvatgrad Cemetery Washington, D.C 24. FUNERAL OIRECTOR VR A15 (4) 25M 1/67

MONTGOWELLY CHART SHEET DE SUMPESSIVE HOLY CROSS HOSPITHE 2480 16 15 MOD, IN SHEHH LEVY Wire. Josephy designin, inside no.5. . Or embreatment, they're all to may well

MARYLAND STATE DEPARTMENT OF HEALTH 09804 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09793 CERTIFICATE OF DEATH **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY. ontgomeri MARYLANO ary and b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nevrest town) c. LENGTH OF STAY IN 1b Tensing ton and in/any event, within 72 hou IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4407 YES NO. NAME OF regnove carban Lost DATE Month Ooy Year DECEASED (Type or print) itewar DEATH ierce 19 60 IF UNOER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months WIOOWEO DIVORCEO and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician a ien please i during most of working life even if retired).
Mechanical engi INDUSTRY COUNTRY? Scranto Government 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME ar remaval, Mary Powell William B. Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 275-26-4512 Mary A. Lewis same as #2 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit Outmonding IMMEDIATE CAUSE (o)_ signed by OHE TO Conditions, if ony, which gove 6 mos rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been State Dept. of Health prior ta WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO YES 20o. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Not While foctory, street, office bldg., etc.) Hour o.m. ot work 21. I certify that (1) (this haspital) attended the deceased fram 6/10/16/2 . 19 ta 7 /2 5/67, 19___, that (1) (we) last 19 67, and that death accurred of 4 3 mM, from causes and an the date stoted obove sow the deceased stive an. 220. SIGNATURE 22b. DATE SIGNED **ATTENOING** DIRECTOR M.D. PHYS. NORFOLK 22c. PHYSICIAN'S 22d. AOORESS Wympn mp. NAME (Type) OHN ETH ESDA, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

REMOVAL (Specify) 7/28/67 24. FUNERAL DIRECTOR The S.H. ot. N.W. 14th

23b. DATE THEREOF

230. BURIAL, CREMATION,

Hines All Smpany Washington, D.C.

Ft. Lincoln Cemetery

250. REC'O BY REGISTRAR

Prince Georges County . Mc

(County)

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09800

CERTIFICATE OF DEATH

09805

	CERTIFICATE OF DEATH				
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if instituti		
	o. COUNTY	MARYLAND	o. STATE b. COUN	MODERMERY	
	b. CITY OR TOWN of outside corporare limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR	(AL and give neorest town)	
-	write RURAL and give negrest town)		61 6.	, , , ,	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in t	posnitol give street address)	d. STREET ADDRESS	l e. IS RESIDENCE	
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¥	UASNINGHAN SANITARI			ve YES NO 🛭	
3.	NAME OF First	Middle	Lost • 4. DATE Mont		
-	(Type or print)	(NMN) L	leberman DEATH 7	JE 1967 IF UNDER 1 YEAR IF UNDER 24 HRS.	
2.	11.	MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
1	11/12	IDOWED DIVORCED	390-2-1891 75 WILLOWY)		
	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY \	M. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	SUDERUSM	Theater	Hungary	AMERICA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
-	- Lieberman		SARAh		
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT Addre	rss .	
10	es, no, or unknown) (If yes give wor or dotes of serv	UNKNOWN	Patient's Char	+	
F	18. CAUSE OF DEATH (Enter only one couse pe			INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARDIAC	ARRES	ONSET AND DEATH	
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	Conditions, if ony, which gove) (b)	MYOCHRI	DIAL INFARCT	2 days	
	rise to immediate couse (a), ((2) (2 - 1.1.0.7	200 200 200 000		
	stoting the underlying couse (c)	COKONIM	24 14K118104 0110	[RHS 4 4 HS	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY	
CERTIFICATION	DIABETEC	MBLLITIS		PERFORMED? YES NO	
A	20o. ACCIDENT WAS UNDERLYING		(Enter noture of injury in Port I or Port II of item 18.)	112 110	
ERT	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCURRED.	(Lines notate of injusy in Fort For Fort in or herit to.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		tory, street, office bldg., etc.)	(County) (Store)	
-	p.m. 19	otwork otwork	7 3/2 10/2 8 3/		
	21. I certify that (I) (this hospital) attended the deceosed from	7-26, 1907, ta 7 38	, 195, that (1) (we) la	
	saw the deceased alive an	196 7, and that	t death accurred at 145 M, fram causes	and an the date stored obov	
	220. STGNATURE	Xa ()	ATTENDING MED. STAFF	1 220. DATE SIGNED	
	Jara G.	M.I.	D. PHYS. DIRECTOR LI PHYS. L.	THALUDE	
	22c. PHYSICIAN'S NAME (Type)	L. FORD M		- mo	
	Lioui		7.1 317121 371		
23	o. BURIAL, CREMATION, 23b. DATE THEREOF				
2	JURIAL 1-36-0		ANON COLLING		
2	4. MINERAL DIRECTOR	Phone ADDRESS		GISTRAR'S SIGNATURE	
Y	40	211-9-01.20	e. DATE AUG 1 1967	Marles Jugges	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the hospital or offending physician.

Managadala 302-1891 95 HOA! endineral continues ELLE JASE ET JATE LEBINCED COLLINGSTEETER THE DUAL COST SING CONTRACTOR

MARYLAND STATE DEPARTMENT OF DEALTH.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06 CERTIFICATE OF DEATH 0000 funeral and 2 death. and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY after e Montaomery Montgomery axuland MARYLAND by the Pages b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town hours Rockville = days Rockville papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4616 Harlan Street 1603 Tetterson YES ND 3 completely i within NAME DE First Middle Lest DATE Month Day Year DECFASED event, (Type or print) LOHMEYER DEATH 196 be executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED 8. 9. NEVER MARRIED last birthday) Months any Dec 8. 1888 Days Hours and emale WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done I 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pharmit. Then гетома Sarah Little George Owens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) death 587-22-7810 cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH requires that the al-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed burial. DUE TO buri Conditions, If any, which gave rise to immediate 2 the DUE TD cause (a), stating the prior underlying cause last. The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate ND P YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) r this cert detached of Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) be de State [factory, street, office bldg., etc.) Hour a.m. After Id be d MED Not While p.m. at work et work the 21. I certify that (I) (this hospital) attended the deceased from shoul DIRECTOR: and that death occurred at 232 M, from the causes and on the date stated above. 3 sho saw the deceased alive on 196 SIGNATURE DATE SIGNED 22a. 22b. director, page 3 should be filed v ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S ADDRESS 22d. MAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23c. 23d. REMOVAL (Specify) 2 Burial REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REGIO VR AIS DATE 2DM

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09807 09802 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nepres) fown) 24 hours after MARYLAND onto omerutely filled in by the furban papers. Pages , within 72 haurs aftel Pages c. CITY OR TOWN lif outside corporate limits, write RUKAL and give neglest town) c. LENGTH OF STAY IN 16 comov nensina. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS completely filled Washmato YES NO W requires that the death certificate be executed within remave carban p 3 NAME OF 1 ast Doy Year DECEASED 63 (Type or print) DEATH 19 OLVA 6. COLOR OR RACE IF UNDER 1 YEAR NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthdoy) Months Dovs Hours WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if refired) INDUSTRY COUNTRY? and Clout 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (1) 16. SOCIAL SECURITY NO 17. INFORMAN Address (Yes, no, or unknown) (If yes give war or dates of service) unknown crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Health 1 uremea NO 20o. ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work L at work 21. I certify that (I) (this hospital) attended the deceased from 1965 ta , and that death occurred at 1.32 PM, from couses and on the date stated above. sow the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED STAFF director, page should be filed 22d. ADDRESS 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BYMOWAY (Sperify) Baltimore National Baltimore Maryland 25M 1/67 DATE

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	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
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	write RURAL on	d give recrest town)	42 days	Alexandria 82.3					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)			d. STREET ADDRESS e. IS RESIDENCE					
6	I see a		nospiroi, give sineer dudress;	ON A FARM	1?				
	NAME OF	Hospital First	Middle	2003 Glen Drive, Belle Haven YES NO	X.				
3.	DECEASED (Type ar print)	Leland	P.	Lost 4. DATE Month Day Year OF DEATH July 10 19	67				
S.	. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	The same of the sa				
	Male	Cauc. W	VIDOWED DIVORCED	Dec. 11. 1897 (gst birthday) Manths Days Haurs M	Min.				
10 du	o. USUAL OCCUPATION uring mast af working U. S. Ne	N (Give kind of wark done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Greeneville, Tennessee 12. CITIZEN OF WHAT COUNTRY? USA					
13	3. FATHER'S NAME	X V.J		14. MOTHER'S MAIDEN NAME	-				
	Ogcar	Byrd Lovette		Lillie Fowler					
15	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates af serv	16. SOCIAL SECURITY NO.	17. INFORMANT Tennessee Address	-				
(у	Yes, na, or unknawn)	(If yes give war ar dates af serving 1917=1949	vice)	Capt. Wendell F. Kline, USN, Ret. Sewanee					
F		EATH (Enter only one cause pe	er line for (a) (b) and (c))	INTERVAL BETWEE	N				
	PART I. DEA	TH WAS CAUSED BY:		odenal ulcer with peritonitis ONSET AND DEAT					
-	5 411	5 4// Due to							
	Conditions, if any, which gave) (b)								
	rise to immediate cause (a), DUE TO								
	lost.	rlying cause (c)							
	PART II. OTHER SI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?							
CERTIFICATION	SOURCE SOURCE CONDITIONS CONTRIBUTION TO DESIGN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature af injury in Port I ar Part II of item 18.)					
MEDICAL	20c. TIME OF INJ Hour a.i	10	20d. INJURY OCCURRED 21 While Nat While at wark at wark	De. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State	e)				
	21 L certi	C. d. =43 (0 1. 1 . 1. 1. 1. 1	\ a44-miled 4ba da-a d f-	om May 29 , 1867, to July 10 , 1967, that (1) (we)	loct				
	saw the d	eceased alive on Ju	ly 10 1967, an	that death accurred at 8:00 M, from causes and an the date stated at	ave.				
	saw the d	eceased alive on Ju	Ly 10 1967, an	d that death accurred at 8:00 M, fram causes and an the date stated at m.D. ATTENDING MED. STAFF July 12, 196 M.D. PHYS. DIRECTOR PHYS.	oave.				
	saw the d	eceased alive on Ju	Ly 10 1967, an	d that death accurred at O:OO M, fram causes and an the date stated at	oave.				
23	saw the d 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	w. J. FOOT	Y, M. D.	M.D. ATTENDING MED. STAFF July 12, 196 M.D. ATTENDING DIRECTOR PHYS. July 12, 196 22d. ADDRESS Naval Hospital, Bethesda, Md. RY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote	7				
23	saw the diagram of th	W. J. FORT	Y, M. D. 23c. NAME OF CEMETE /967 Arlingto	M.D. ATTENDING MED. STAFF July 12, 196	7				
23	saw the d 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATIC REMOVAL (Specify Buria Funeral DIRECT	W. J. FOOT W. J. FOOT DN, 23b. DATE THEREOF 7-14-	Y, M. D.	d that death accurred at O:OO M, fram causes and an the date stated at P.M. M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED July 12, 196 22d. ADDRESS Naval Hospital, Bethesda, Md. RY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote on National Arlington, Virginia 25d. REC D BY REGISTRAL 067 25b. REC D. REC D. REC D. BY REGISTRAL 067 25b. REC D. REC D	7				

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the hospital or attending physicion.

death.

certificate be executed within 24 haurs

physician and completely filled in

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09804 CERTIFICATE OF DEATH death. 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATI b. COUNTY 6 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hayrs Ver IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled NO V ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pan NAME OF × × Middle Last 4 DATE Year DECEASED event, cor (Type or print) DEATH 196 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED edse femove lost birthdoy) Months Hours WIDOWED DIVORCED -cmalc and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY and HOMEHISTRATIVE ARMR . NEPT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, attending phy permit. Then BERMAM NEWHAH LEMA 16. SOCIAL SECURITY NO. 17. INFORMANT ELENVIEW, AVE (Yes, no, or unknown) (If yes give war or dates of service) 5 086-12.5358 YES TATOTA. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ubarach IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUF TO Tracional Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse priar ta as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While **DIRECTOR:** After ot work 21. I certify that (1) (this haspital) attended the deceased from 7-20 19 saw the deceased alive an_ 1961 and that death accurred pt from couses and on the date stated above. 220. SIGNATURE DATE SIGNED MED. DIRECTOR M.D. PHYS. director, page shauld be filed

TO FUNERAL VR A15 (4) 25M 1/67 PHYSICIAN'S

NAME (Type) 236 BURIAL CREMATION

REMOVAL (Specify)

23b. DATE THEREOF

24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

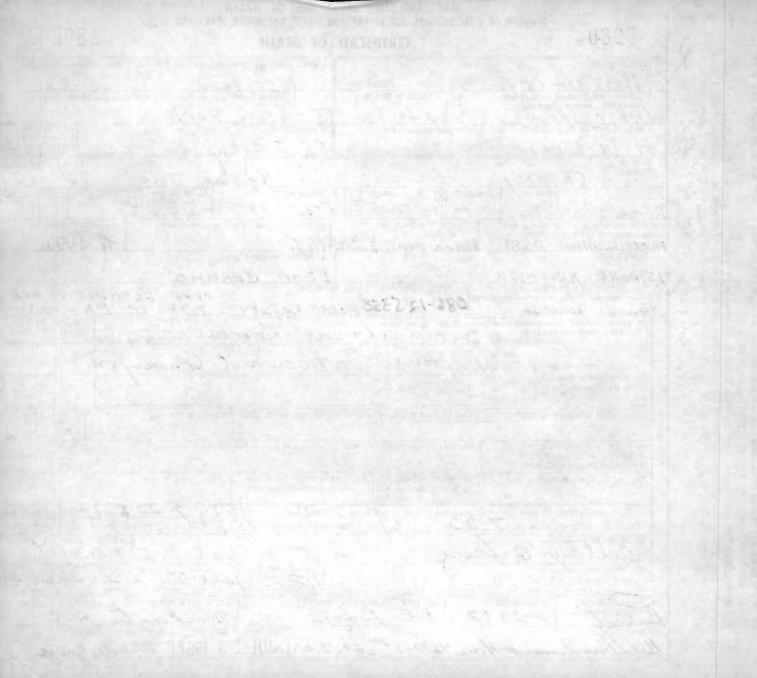
23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

23d. LOCATION (City or Town)

(County)

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerally director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corbers papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, with m 22 haurs after death.

VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

CERTIFICATE OF DEATH

		CENTITICALE	OI DEATH
		PLACE OF DEATH .	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	(O. COUNTY MARYLAND MARYLAND	o. STATE b. COUNTY
		b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give neorest town)	C. CITT OK TOWN (II dutside corporate limins, write kokat and give nearest town)
71		TAKOMA PARK	SILVER OFRING 151
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
'	V	VASH SAN+ HOSPITAL	1375/VEN String ART YES NO
1		NAME OF First Middle	Lost 4. DATE Month Doy Year
-)		DECEASED (Type or print) FERRIS KENNETH	MACK DEATH 7 12 1967
	S. 5	SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
91		M WIDOWED TO DIVORCED TO	(Months Doys Hours Min.
80	10-		7-10 98 Q 7415.
-		. USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT GOUNTEY 9
	-	RETINED - NS O-OVI	PENNSIL VANIA USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		KOMANZO MACK	EMMA ALLEN
			INFORMANT Address
-	(16	s, no, or unknown) (If yes give wor or dotes of service)	aHOSPITA REPORTE
	4	18. CAUSE OF DEATH (Enter only one couse per line of (o), (b), and (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		1 IMMEDIATE CAUSE (a) 1 Controller	Jelullaum 1 x Haw
		DUE TO	11 00 6
		Conditions, if ony, which gove rise to immediate couse (a).	general (y les.
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		last. (c)	
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
2	IFICATION	1/20 min	YES NO NO
	FIC	200. ACCIDENT WAS UNDERLYING 17 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
	CERT	OR CONTRIBUTING CAUSE OF DEATH	(2.114) 101/01/01/01/01/01/01/01/01/01/01/01/01/
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	CF OF INHIPY (I)
4	MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	W	p.m. 19 of work of work	(1) / (0 x
		21. I certify that (I) (this hospital) attended the deceased fram	Lone 9, 19 6/10 (Killy 1419 6/that (1) (we) last
		saw the deceased alive and the 1967, and that	t death occurred at 11337M, from causes and an the date stated above.
		220. SIGNATURE	22b. DATE SIGNED
		(MI MI ME ME	D. ATTENDING DIRECTOR DIRECTOR PHYS. DI 7/12/67
		202 PHYSICIAN'S OA I	22d. ADDRESS
,	4	NAME(Type) KAYMOND O. WEST	1831 University Block & Del. Sp. MI
1	220	BURIAL, CREMATION 236. DATE THEREOF, 23c. NAME OF CEMETERY OF	
	230	REMOVAL (Specify)	CREMATORY JOSEPH LOCATION (City of Joyn) (County) (Stote)
	1	BURILLY 61.11/1961 WEST-12EVG	LEUISIERY WESTITERS TRUPTORK
	24	FUNERAL DIRECTOR ATT 254 CAPPED ST	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	1	aryur wall 825 Machina	DATE JUL 44 1967 Kolianda Oude

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09811 09806 CERTIFICATE OF DEATH by the funeral .. Pages 1 and 2 hours after death. 7 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY and completely filled in by the fun remove corbon papers. Pages 1 nony event within 72 hours after or b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Virginia c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) 48 Days Bethesda Vienna d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2441 Shennandoah St. NO T Naval Hosnital Middle 4. DATE Lost Dov Year DECEASED (Type or print) Mahaffey DEATH July Daniel Alonzo S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours and in ony WIDOWED DIVORCED Cauc 17 March 1926 gud 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? KINGS MOUNTAIN, N.C. II. S 13. FATHER'S NAME or removol, Sidney C. Mahaffey
WAS DECEASED EVER IN U.S. ARMED FORCES? Lucille Gilliam 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 2441 Shennandoah Street signed by the otter burial-tronsit permi burial, cremation, o 247 32 6538 Joyce Mahaffey WW II- Korean Vienna, Virginia 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Hodgkins Disease IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse 3 should be detached for use as the with the State Dept. of Health prior to has been PHYSICIAN: The low lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES K NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) TO FUNERAL DIRECTOR: After this Not While Hour o.m. foctory, street, office bldg., etc.) of work ATTENDING at wark 21. I certify that (I) (this haspital) attended the deceased fram 12 June , 1967, to 30 July , 1967, that (K (we) last TO HOSPITAL OR ATTEND Poge 4 moy be retained 38 July 1967, and that death accurred and :08 M, fram causes and on the date stated above saw the deceased alive op 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 31 July, 1967 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Naval Hospital, Bethesda, Maryland 230. BURIAL, CREMOTION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (Stote) Arlington National Cemetery Arlington, Virginia
ADDRISS | 250. RECD BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Remova 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Vienna Money and King, Maple Avenue. VR A15 (4) 25M 1/67 Milantes Jugge Virginia

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09807 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COLINTY MARYLAND SUSSEX hin 72-hours after b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EN 101000 filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENC ON A FARM d. STREET ADDRESS MARK NO [YES NAME OF Middle 4. DATE Lost Month Doy Year remave carban DECEASED OF DEATH Julu (Type or print) and in any event, 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) lost Months Doys Hours WHITE WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if cetired) INDUSTRY COUNTRY. Reservation 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 50 HANKES BURY LANG (Yes, no, or unknown) (If yes give wor or dotes of service) burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse d far use as the af Health priar ta last PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Phillips in Control of the control of t 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While ot work **DIRECTOR:** After ot work 21. I certify that (this haspital) attended the deceased fram ro Hospital or Attend Page 4 may be retained director, page 3 should should be filed with the and that death accurred at Too Room causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d. TO FUNERAL NAME (Type) DO N (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) JOHNSTOWN Cemeter GREEN4WOOD 2So. RECE 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) DATE AUG 25M 1/67

23 05 Mar 144 and 313 6 6.8-0-1 a million of a million of the 181-07-07-60 Page 3 The Control of t Company with the short wind the - Coulman arthrest schools 30 MBW a confirmation or the second as the second Company of the second s * 12 Oct Hand To De L'an Indian I may so the light of the same

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09808 09813 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND poside corparate limits, write RURAL and give porrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN-N and 40215 00 e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? farm enteronzer State 24 hours after death. I d "pending" in pencil in Item 18. Give Pag Chief Medical Examiner's Office along with NAME OF Middle OF DEATH DECEASED (Type or print) IF UNDER 1 YEAR 6. COLOR OR PACE S SEX (In year; 7 MARRIED NEVER MARRIED lost birthday) Months 706-6 WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) haurs after Kansas Backmotogist
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Walter H. Manter Cora Elledge 6010 dd Oak Street 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give wor or dotes of service) within Mrs Holland Wheeler Kansas St., Mo. 217-36-2122 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: event Acute cardiac dilatation sudden writing the ward This certificate shauld DUE TO any 2 years Secondary anemia Conditions, if ony, which gove rise to immediate couse (o), ţo. DUE TO 2 years stoting the underlying couse forwarded Myelofibrosis of bone marrow WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY Or CONTRIBUTING 4 shauld CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my apinian Natural causes , Accident . Suicide Homicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER L_ SIGNATURE DEPUTY MEDICAL EXAMINER Health John G. Ball Address (Street, city, town, or county) may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 0 Bur-Transit 8/1/67 Oak Hill Cemetery Laurence, Missouri 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 Rockville PikeAUG VR A15ME (5) 6M 1/67 Rockville, Maryland

Midwell . The Line Table of the care a Louis Sylvental specific and to standing I and to make the Principle 5/1/67 Car II.I Tracter Telephone, Manual - 181 - inelexity a filtred evidence

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19814 09809 CERTIFICATE OF DEATH yon popers. Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN ourside corporate limits, write RURAL and give nucrest town write RURAL as .⊆ d. NAME OF HOSPITAL OR, INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i YES NO [NAME OF Middle DATE First Lost Day Year ove cerbon completely DECEASED 1967 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH AGE (In year 7. MARRIED **NEVER MARRIED** last birthdoy) Months Doys Hours WIDOWED X DIVORCED ond in any and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) physician on please **INDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, ottending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service cremation, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Lymphosarcoma à by the hospital or ottending physicion. DUE TO paubis buriol Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health YES X NO ficate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this certi (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, affice bldg., etc.) While Nat While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram. , 19___, that (1) (we) last 19 ___, ta be retoined _, and that death accurred at M. fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL Page 4 moy director, po should be f NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
BURIAL BROOKE GROVE CEMETERY LAYTONSVILLE 250. REC'PIBY REGISTRANO FUNERAL DIRECTOR VR A15 (4) 25M 1/67

TAYED VILLE, IDME. ID. YESTSHIE SYNCY STONING 73/3/1 7/6/67

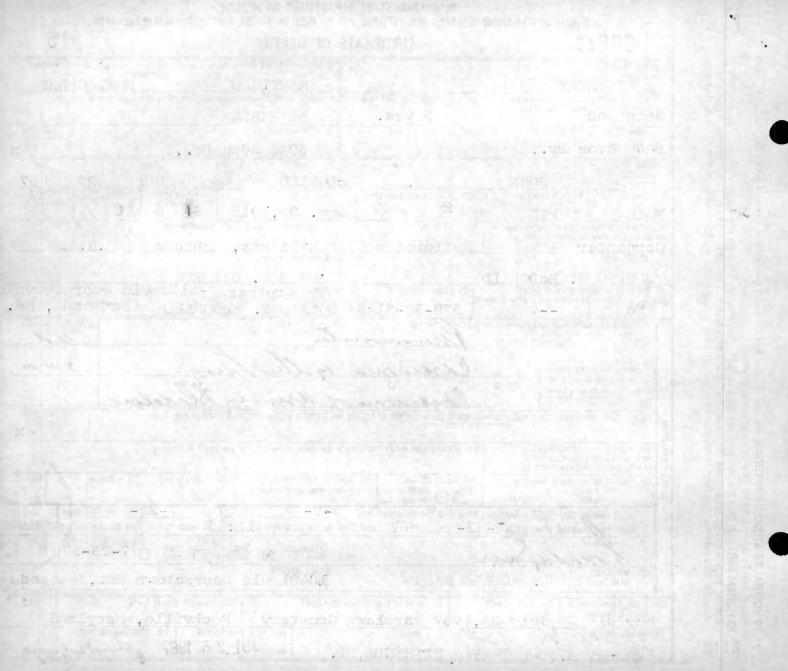
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09810 09815 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland CITY OR TOWN (If outside carparate limits, write RURAL and give neorest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Gaithersburg Bethesda with 72 hg d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) . IS RESIDENCE ON A FARM? d STREET ADDRESS Asbury Methodist Home for the Aged, Inc. 4506 Avondale St. YES NO X 3. NAME OF First Middle 4. DATE remove corban Last Month Year Day DECEASED July 27 1967 Martha Mathieson Freme (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths Hours April 6, 1884 W and in ony WIDOWED X DIVORCED and 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

housewife INDUSTRY COUNTRY? A. Glasgow, Scotland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, Alexander Freme Annie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO 17. INFORMANT Asbury Methodist Home, Gaithersburg, Md. 579-03-3882D 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospitol or ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO **DIRECTOR:** After this certificote 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (County) (State) factory, street, office bldg., etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased fram 5/16 6719___, that (1) (we) last and that death occurred at 750AM, fram causes and on the date stoted above. 126/6719 saw the deceased alive an-22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S TO FUNERAL &&11) Wisconsin Ave., Bethesda NAME (Type) HENRY SCRUGGS 7720 23o. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Washington, D.C. ROCK CREEK CEMETERY 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE BETHESDA, MARYLAN VR A15 (4) 1967 25M 1/67

HE CONTROL TO BE THE WAY OF STREET WAY TO STREET AND THE PARTY OF THE outpurstant training cheadact Ashmry Sectionists one for the Aged, Ang. 1536 Avendalle St. the second also the second and the s There is a line of ement tehaskala System of the control THE STREET, LATE TO SHOW HE WELL THE STREET, D. D. D. D. D. The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09816 09811 CERTIFICATE OF DEATH cremation, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY MONTGOMERY o. STATE MARY LAND b. COUNTY MARYLAND MONTGOMERY filled in by the to namers. Pages b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The low requires that the death certificate be executed within 24 hours vrs. BETHESDA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 6048 Avon Dr. YES NO THE 6048 Avon Dr. 3. NAME OF First Middle 4. DATE Doy Year DECEASED **JOHN** J. McDONALD JULY (Type or print) 19 67 DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Doys Hours MATE WIDOWED DIVORCED □ Aug. 26.1915 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Billings, Montana
14. MOTHER'S MAIDEN NAME Building Carpenter

13. FATHER'S NAME JOSEPH W. McDONALD AGNES G. GILSKEY 17. INFORMANT Brother -8126401d GeorgetownRe 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. signed by the ottendii buriol-tronsit permit. (Yes, no, or unknown) ((If yes give wor or dates of service) (Bethesda, Md. 578-30-5149 DONALD S. McDONALD IB. CAUSE OF DEATH (Enter only one couse per line for (0) (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET, AND DEATH IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause as the prior to b this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? for use NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detoched should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) Not While 19 ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 5-9-, 19 67, to 7-22-, 19 67 that (I) (we) last 1967, and that death accurred at 1:45M, fram causes and on the date stoted above saw the receased alive an 7-22-220. SIGNATURE 22b. DATE SIGNED 7-23-67 MED.
DIRECTOR 10401 Old Georgetown Rd., Bethesda 22c. BHYSICIAN'S RONALD BARR NAME (Type) 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, REMOVAL (Specify) Buzzal (County) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF Rockville, Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25, 1967 Parkhawn Cemetery 2So. REC'D BY REGISTRAR ADDRESS VR A15 (4) 20 M 1/66 DATE JUL 25 1967 BETHESDA, MD. PUMPHRE ROBERT



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

			CENTIFIC	CAIL	OF DEATH				037	311	
PLACE OF DEATH O. COUNTY	Montgomery		MARYLA	AND	2. USUAL RESIDENCE (V	Where dece	osed lived, if institut b. COUI	ion: Resider	Geo	e odmissio	on)
b. CITY OR TOWN write RURAL of Tokoma 1	(If autside carparate limited ark, Md		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou College	tside corpo e Par	rote limits, write RUI			t town)	
d. NAME OF HOSP Wash Sani	tarium and	ot in hospitol, g Hospita	ive street oddress)		d. STREET ADDRESS 5901 Na	tasha	Drive			e. IS RESID ON A FA YES	DENCE ARM? NO
3. NAME OF DECEASED (Type or print)	Jessie	irst	Middle		Lost Mc Koy	4. DATE OF DEAT	.Tı	h uly la	2, Doy	Yec	67
s. SEX male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH Dec 4, 1892	2	9. AGE (In years last birthday) yrs.	IF UNDER Months	Doys	Haurs	R 24 HR Min
10o. USUAL OCCUPATION during most of working a ri	ON (Give kind of work done ig life, even if relired) ON (Give kind of work done in experies in a control of the control of	IN IN	ND OF BUSINESS OR DUSTRY Cming		11. BIRTHPLACE (County)				OUNTRY?		
13. FATHER'S NAME	Luke W McF	Koy			14. MOTHER'S MAIDEN MANNIE L						
1S. WAS DECEASED ET (Yes, no, or unknown NO	VER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 240	OCIAL SECURITY NO. 26 6737		NFORMANT NWOOD W MCKC	ру В	Addre eltsville		ld.		
PART 1. DE	DEATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE	/	(o), (b), and (c).) ; Ver	Fa	ilure					ERVAL BET SET AND D	
Conditions, if an	Conditions, if any, which gave rise to immediate couse (0), (b) Circhosis; Cholang it is										
stoting the unc		(1) Ih-	traheptic	10	siliary St	25/5					
PART II. OTHER Gast			o DEATH BUT NOT RELAT	TED TO	THE TERMINAL DISEASE CON	IDITION GI	VEN IN PART 1(o)			WAS AUTO PERFORM ES	NED?
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	URRED.	(Enter noture of injury in I	Port I or P	ort II of item 18.)				
Hour'd	IJURY Month, Doy, Yeor o.m. 19	20d. IN While of work	Not While		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Co	ounly)	((Stote)
	21. I certify that (1) (this haspital) attended the deceased from 4/30 , 1962, to 7/2/ , 1967, that (1) (we) to saw the deceased alive an 7/2/ , 1967, and that death accurred atM, from causes and an the date stated about										
220. SIGNATUR	the Si	with	h.	M.I		MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGN	67	
PHYSICIAN NAME (Typ		E.S.	hith, Jr	, M	D Busto	ins v	illes w	rd			
230. BURIAL, CREMA REMOVAL (Speci BULL 1 a 1	rion, 23b. Date 11 (fy) July 1		23c. NAME OF CEMETE Ft Lincol		emetery	Coli	LOCATION (City or To nar Manor		(County		Stote)
24. FUNERAL DIREC	F Gasch's	Sons	Hyattsville	e, 1	1d. 2So. REC'D	BY REGIS	TRAR 1967 25b. RI	EGISTRAR'S,	REMAJUR	Judg	No.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending on yician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death VR A15 (4) 25M 1/67

hysician and campletely filled in by the fur h please remave carbon papers. Pages 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH ADEPS 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) director. Page or your files. e. COUNTY b. COUNTY Montgomery Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Wheaton Takoma Park 15 min. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? State Washington Sanitarium & Hospital 11722 Grandview Avenue YES NO IX death NAME OF Last Meder AMADATE DECEASED the (Type or print) Taulor ROSS DEATH with the 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS. age 5 may to 1 and 2 with 72 hours af lest birthday) Months Male Cauc. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) None None U.S.A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Medeiros Joan Luckett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ((If yes give wer or dates of service) Grandview Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-trans IMMEDIATE CAUSE (6) Respiratory failure 40 min. DUE TO Dislocation of neck between C, and C, 40 min. Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying Fall and hitting chin PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO X None 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) CAUSE OF DEATH. Fell 10 ft. off a porch 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Hour e.m. et work et work Silver Spring, Mont., Md. Home 3:00 p.m. DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection | XI, Inquiry and in my opinion forwarded to death resulted from: Natural causes Accident X Suicide , Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE lease execute should be for DEPUTY MEDICAL EXAMINER John S. Rogers, M.D. NAME (Type) 1919 Seminary Rd., Sil. Srp., Md. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 040 p Fort Lincoln Cemetery Prince Georges 240. REC'D BY REGISTRAR | 24b. "REGISTRAR'S SIGNATURE VS. A15ME DATE AUG 5M 7/59

Compared to the second of the AT THE STATE OF TH al any some many state of The state of the state of the state of entite majerian afer of the contract o The state of the second second

FOR STATE HEALTH DEPT. pencil in Item 18. Give Pages 1, 2, and 3 ta haurs after dear Pute Departme PM3 necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, " the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office alang with farm TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2. Health or its designated agent, priar ta burial, crematian, ar remaval, and in any event please execute the certificate, writing the ward 5 may be retained far yaur files.

ay delay is

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

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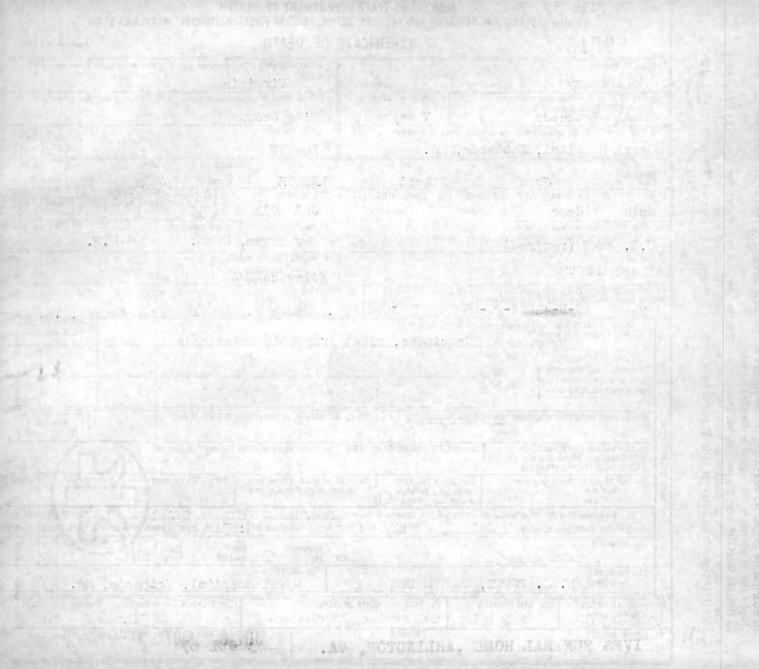
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09814 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1		
	1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	HOVE GONGEL MARYLAND	Mary land Montgomers
	b. CITY OR TOWN (If outside paragraph limits, c. LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If a tside carparate limits, write RURAL and give grarest tawn)
	Dockville 5 Mps	Trockville 151
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM2
0	42/2 Transfort Are	4212 Trankfort De YES 1 NO X
	3. NAME OF DECEASED A First Middle	Last 4. DATE Month Day Year
	(Type or print) ALLAN LEONARD VIEND	R DATE OF RIPTH 9. AGE (In years) I FUNDER 1 YEAR IF UNDER 24 HRS.
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Nov. 9. 1932 9. AGE (In years) IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done duripdynost of working life, eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	TI LUKIVEY LEVILL	VVASH. D.C. G.D.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	BENJAMIN L, MENDELSON	IESS WEITZ
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) ((If yes give war ar dates af service) 578-42-4426 F	INFORMANT 9039 Sligaddre reck of bury
		HIHER Selver Spring ma
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	776 X IMMEDIATE CAUSE (o) DUE TO	and corea servings
	(Canditions, if any, which gave) (b) head, also	harantly roll-
	rise to immediate cause (a), stoting the underlying couse	
-	last. (c) inflecte	L.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	CATIC	YES NO 💢
	CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of isem 18) of in head
	0	CE OF INJURY (Home, farm, 201. (City ar tawn) (Caupty) (State)
4	5 45 p.m. 7-19 19 67 at wark at wark	pry, street, office bldg., etc.) Rockville nortgomes, no
	21. I certify that I taak charge af the remains described above, he	eld an Autapsy [], Inspection [X] Inquiry [X] and in my apinion
	death resulted fram: Natural causes , Accident , Suic	ide 🔲, Hamicide 🔲, Undefermined manner 🗌 💮
	ACTUAL MORELLE CONTRACTOR OF A	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE / LEWEN / Jeup	M,D. ASSISTANT MEDICAL EXAMINER
,	NAME (Type) BELDEN R. NEAD, M.	D. Address (StreetCuty, Country or county)
	230. BURIAL (REMATION, REMOVAL (Pair) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR KING David Me.	crematory 23d. LOCATION (City or Town) (County) (State) morial Garden Falls Church, Virginia
	24. Full Range and Thomas 232 Carroll S	t. N.W. 1111 2 A 1907
	Memorial Funeral Home Washington, D	

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I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
. 5	09815 CERTIFICATE OF DEATH 09820
rs. Pages is and 2 hours after death	1. PLACE OF DEATH o. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Virginia b. COUNTY
)	b. (ITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) RURAL Bethesda 7 days King George
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Naval Hospital, Bethesda, Md. Box 77
	3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) John Albert MEROTH DEATH July 2 1967
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IFUNDER 1 YEAR IFUNDER 24 HR: Male Cauc WIDOWED DIVORCED 6. Jul 1911 9. AGE (In yeors IFUNDER 1 YEAR IFUNDER 24 HR: 55 yrs.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR line in the line in
	13. FATHER'S NAME Albert MEROTH Helen HANSMAN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give yor or dotes of service) Yes 10-2-42tol-30-63 045 03 8800 Mrs. Simone M. MEROTH King George. Va.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. (c) ONSET AND DEATH DUE TO (b) DUE TO (c)
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	PERFORMED? YES NO [20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County) (Stote)
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED Value of INJURY (Home, form, foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram 26 Jun , 187 , ta 2 Jul , 1967, that (1) (we) I saw the deceased give on 2 Jul 1967, and that death accurred a5:53AM, fram causes and an the date stated aba
	220. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS
1	NAME (Type) W. J. FOTY, CDR MC USN Naval Hospital, Bethesda, Md.
	230. BURIAL, CREMATION, REMOVAL (Specify) 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) CEDAR H.LL CREMATORY Suttland, Md.
M	24. FUNERAL DIRECTOR ADDRESS TUNERAL HOME , ARLINGTON, VA. DATE DATE OF THE PROPERTY OF THE PR



MARYLAND STATE DEPARTMENT OF HEALTH

THE STREET STREET ALLEY PROPERTY. PROBLET ALLO 3 51 450 E 78 Herry Comments of the Party 2 15 FM ST /5 the most strike 1919:9 1967 Maje white me Margie Ellin Darner John Nowleadle ler OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF BUT DESCRIPTION Armon Succeeds a served Lorent Hoper Cont.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09822 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 hours after death y the funerol Pages 1 and 2 urs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY. Montgomery MARYLAND Maryland Montgomerv CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 47 days Silver Spring Bethesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS The Clinical Center, Bethesda, Md. 20014 7502 Alfred Drive YES NO TX 3. NAME OF Middle 4 DATE Manth Year DECEASED OF DEATH event, Salvatore (NMN) Millone July 67 (Type or print) 19 7. MARRIED 9. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED Jast birthday) Manths Haurs May 19, 1915 and in ony WIDOWED Male White DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Tile Setter COUNTRY? INDUSTRY USA Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stefano Millone Leonarda Rapisardi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Recorderss 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 214-34-6828 The Clinical Center. Bethesda, Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSEJ AND DEATH IMMEDIATE CAUSE (a) Bronchopneumonia and purulent meningitis days Conditions, if any, which gave (b) Metastatic carcinoma of the lung 4 months rise to immediate cause (a), DUE TO stating the underlying cause d for use os the of Health prior to 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? Urinary tract infection NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour o.m. factory, street, affice bldg., etc.) Nat While of work While at work 21. I certify that (1) (this haspital) attended the deceased fram May 19, 19, 67, to July 5, 19, 67 that (1) (we) last saw the deceased alive an July 5, 19, 67, and that death accurred at 6:25 M, fram causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED 5 July 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS The Institutes 22c. PHYSICIAN'S Clinical Center, National of Health, Bethesda, Md. NAME (Type) Charles M. Haskell. MD 23 NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO! 23a. BURIAL, CREMATION (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 3 to MONTGOINTEI MARYLAND (If outside corporate limits, c. LENGTH OF STAY IN 1b .. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup h the State Departm write RURAL and give nearest town) Faithers bu e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with form 00 11 Chestnut Street. YES NO This certificate should be executed within 24 hours after death. NAME OF Lost DATE Month Year Dov DECEASED OF DEATH MEC. Monard (Type or print) 7. MARRIED AGE (In years NEVER MARRIED lost birthday) Months Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 in ony event within 72 hours after Moryland toour we 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 17. INFORMANT Address 1018 (Yes, no, or unknown) (If yes give wor or dotes of service 577-32-7420 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit IMMEDIATE CAUSE (o) writing the word DUE TO bronic Leutemia 4ears Conditions, if any, which gove forworded to rise to immediate couse (a), DUE TO stoting the underlying couse puo 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removol, certificote, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I burial, cremotian, or CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X, and in my opinian Natural causes death resulted fram: Accident Suicide Homicide [Undetermined manner funerol director. CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessory, DEPUTY MEDICAL EXAMINER John Ball Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMEJERY OR CREMATORY 23d. LOCATION (Sity or Town 23o. BURIAL CREMATION 23b. DATE THEREOF Gartner 2So. REC'D BY REGISTRAR Ernest VR A15ME (5) 6M 1/67 Gaithersburg. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09820 09825 CERTIFICATE OF DEATH hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and live nearest town utside corporote liga RURAL OF give nearest town Thesa d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 YES NO X NAME OF Middle DATE Month Lost Doy Year DECEASED ress DEATH 19 67 Car PHYSICIAN: The low requires that the deoth certificate be executed comple S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED X and in ony DIVORCED puo 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIR LHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 46, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: AND DEA IMMEDIATE CAUSE (o) by by the hospital or attending physician. DUE TO signed buriol, Conditions, if ony, which gove rise to immediate couse (o), DUE TO far use os tne t f Health prior to b stoting the underlying couse has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While While at work at work 21. I certify that (I) (this haspital), attended the deceased fram be retained , and that death accurred at 10 DM, fram causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an 220. ISIGNATURE 22b. DATE/SIGNED M.D. PHYS. DIRECTOR PHYS. filed 22d_ADDRESS PHYSICIAN'S director, po should be f NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BMQYM DEXIV 7-10-67 Parklawn Cemetery Rockville Maryland 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Pumphrey 7557 Wisconsin Ave Bethesda, Md

Miller of the said the said of the said The mark growth Dectherace 27 days Becaused 3507 Smanie Korde dechuser Oleffind of mornison Look lupu Bethe Marykin Usp Come & Degley N 24 Harring Constant Recipille Marging The VI III ave startered VIV perident with the oH stores

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 09821 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09826FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a STATE b. COUNTY Montgomery
b. CITY OR TOWN (If autside corporate limits, MARYLAND Maryland Prince George delay c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) puo Takonia and give Regrest town) P.M.3. 12 hours Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? form pencil in Item 18. Give Pages Washington Sanitarium and Hospital 901 Chillum Court NO X YES EXAMINER: This certificate should be executed within 24 hours ofter death. Office olong with NAME OF DATE Lost Month Day Year DECEASED OF DEATH (Type or print) 7-31-67 Jean Esther 19 Mowrev S SEX IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Hours Days ony event within 72 hours ofter deoth Negro WIDOWED DIVORCED female 3-23-35 YIS 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Social Worker COUNTRY? INDUSTRY word "pending" in pencil in the Chief Medical Exominer's Illinois pages America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ollie Tewis Raymond McFerren IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dales af service Patent's chart no 18. CAUSE OF DEATH (Enter only one cause per line for INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY wachnow ONSET AND DEATH IMMEDIATE CAUSE (a) writing the word DUE TO Conditions, if any, which gave rise to immediate cause (a). forwarded to = DUE TO stoting the underlying cause and last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal, WAS AUTOPSY CERTIFICATION please execute the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should PRIMARY G or CONTRIBUTING G cremation, or CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy (Inquiry A and in my apinian Inspection death resulted from Natural causes Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY **EXAMINER'S** Heolth Address Street Cut Celvil. or county) 23a. BURIAL CREMATION (State) 0 REMOVAL (Specify) Harmony Meo, Park Prince/George Buria. 25 Letels Rate State 24. FUNERAL DIRECTOR Lowe's Funeral Home VR A15ME (5) 6M 1/67 1425 Md. Ave, N. E. D. C.

etrost oners the selection of the State and the ! the first and appropriate the second of the Armed mod Land Co. S. Land Land Dies and moderate representation Total and the second second TWENT LUSING Street of the Section of the Street of A CONTRACT SEC. TO SECURE SECTION OF THE SEC. All of the first and the second of the secon Selon Later Control

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09822 09827 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY ove carbon papers. Pages I Maryland Montgome rv Montgomery MARYLAND filled in by the Pages 1 b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest tawn) Silver Spring Fairland - Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 801 Seeks Lane Fairland Nursing Home YES NO X campletely fi ove carbon 3. NAME OF 4. DATE Middle Year Doy DECEASED 1967 July 4, TERESA E. MULLICAN 19 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours March 7.1882 White DC. Female WIDOWED DIVORCED burial, cremation, or remaval, and in an and 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
HOUSEWIFE COUNTRY? **INDUSTRY** Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Dean Schultz Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service F. Dean Mullican-Item # INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. OEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION far use with the State Dept. of Health NO FUNERAL DIRECTOR: After this certificate rectar, page 3 should be detached far us 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased from_ 19 65, to and that death accurred at 23.45 AM, from causes and on the date stated above saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED Tenn M.O. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Scott Dr., Silver Spring, 359 NAME (Type) Norman Rubenstein 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7/6/67 Colesville Meth. Ch. Cem. Colesville, Md. 0 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Tyson Wheeler Funeral Home-1331 Rockville Pike VR A15 (4) 20 M 1/66 1961 Rockville.Md.

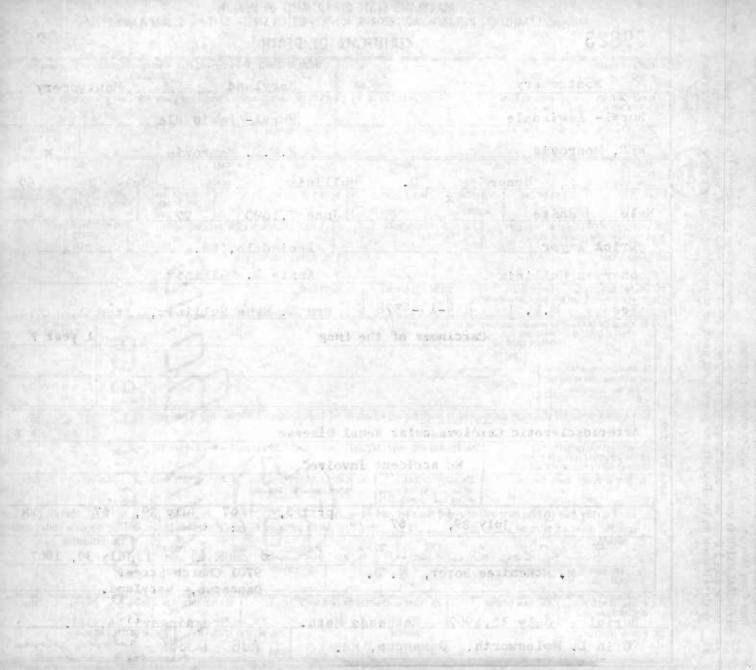
MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09823 09828 CERTIFICATE OF DEATH eath. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carbon papers. Pages Land PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) papers. Pae Nin 72 haurs Rural - Lewisdale Rural- Lewisdale e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS RFD, Monrovia YES NO R.F.D. Monrovia Middle 4 DATE DECEASED Urner R. Mullinix DEATH July 9. AGE (In years IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIEO 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Ooys Hours Male WIOOWEO DIVORCED White June 7,1890 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during mast of warking life, even if retired) INDUSTRY Brick laver Lewisdale, Md.

14. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME Sherman Mullinix Annie D. Mullinix 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give wor or dates of service) 214-14-4378 Yes W.W. Mrs E. Rena Mullinix. Item 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Carcinoma of the Lung IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic Cardiovascular Renal Disease NO X YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No accident involved (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20f. (City or town) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Ooy, Year foctory, street, office bldg., etc.) Not While at work shauld be 21. I certify that (I) (this hospital) attended the deceased fram April 5. , 19 67, to July 29. , 167, that (I) (33) last saw the deceased alive on July 29, 19 67, and that death occurred at 6:00 M, fram causes and an the date stated abave. saw the deceased alive on July 29, 22b. OATE SIGNEO 220. SIGNATURE ATTENOING PHYS. MED. STAFF PHYS. CM.D. □ July 30, 1967 22d. AODRESS 9701 Church Street M. McKendree Boyer, 22c. PHYSICIAN'S NAME (Type) Damascus, Maryland, director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) July 31.1967 Bethesda Meth. Browningsville, Md Burial 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 196 VR A15 (4) 20 M 1/66 Olin L. Molesworth. Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09824 CERTIFICATE OF DEATH 09829 ban papers. Pages 1 and 2, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery Virginia MARYLAND Arlington b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. 10 days Arlington Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress)2007/ e IS RESIDENCE ON A FARM? d. STREET ADDRESS The Clinical Center, Bethesda, Maryland 2918 South 20th Street YES NO IX 4. DATE 3 NAME OF Lost Month Year Doy DECEASED (Type or print) Kathryn Adolphus Mullins July 1967 DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED XX NEVER MARRIED lost birthdoy) Months Female Negro WIDOWED DIVORCED October 1930 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Juanita Curtis John B. Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANTThe Medical Record ddress 16. SOCIAL SECURITY NO. 228-42-4604 The Clinical Center, Bethesda, Maryland INTERVAL BETWEEN ONSET AND DEATH Weeks 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Cryptococa. signed by the burial-transit Cryptococcal Meningitis DUE TO Conditions, if ony, which gove Hodgkins Disease 6 months rise to immediate couse (o), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Carcinoma of the cervix YES T NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City or town) 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Not While Hour o.m. foctory, street, office bldg., etc.) 21. I certify that M (this haspital) attended the deceased fram 21 June 1967, to 1 July 1967, that M (we) last sow he deceased alive an 1 July 1967, and that death accurred at 11:10M, fram causes and an the date stated above. 22b. DATE SIGNED ATTENDING 2 July 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS The Clinical Center, National 24 PHYSICIAN'S NAME (Type) Dan C. Bird, MD Institutes of Health, Bethesda, Md. 23b. DATE THEREO 230. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 25M 1/67

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09825 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND b. CITY DR TDWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give freet address) d. STREET ADDRESS NO YES carbon NAME OF Last DATE Manth Day Year DECEASED 1960 (Type or print) DEATH S. SEX 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLDR DR RACE NEVER MARRIED AGE (In years eV remave last birthday) Months Days Haurs and in any WIDOWED DIVORCED gug 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of wark done 11. BIRTHPLACE (County & State, or foreign cauntry) physician a during most of working life, even if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, 7 TERESA 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unimown) ((If yes give war or dates o Address INFORMANT (If yes give war or dates of service DICKERSO INTERVAL BETWEEN TAUSE OF DEATH (Enter only one cause per line forz(a), (b), and (d) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO as the priar tal stating the underlying cause has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health CERTIFICATION NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After attended the deceased fram 21. I certify that (I) (this haspital be filed with the and that death accurred at \$300 M from causes and an the date stated above saw the deceased alive ap 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type directar, shauld b 23d. TOCATION (City or Town DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION 23b. (County). HING REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

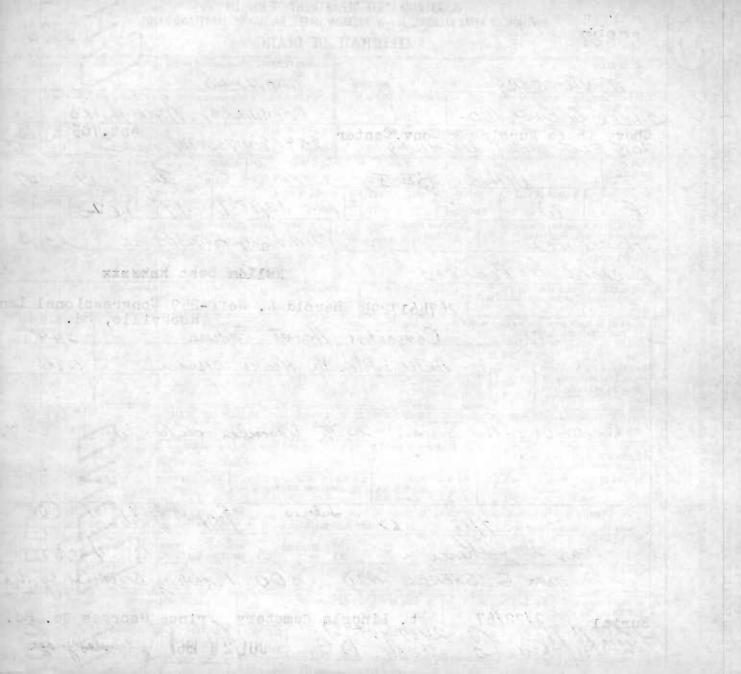
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09826 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. CITY OR TOWN (If dorside carparate limits, MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) ely filled in boan papers. d. NAME OF FOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled 70 NO V YES carban NAME OF DATE Last Year and campletely DECEASED event, (Type ar print) MFR DEATH 19 IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave last birthday) Hours CAUC WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? ECTIREd EINT ING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter-only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronari IMMEDIATE CAUSE (a) much by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) detached far use te Dept. af Health NO certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) Haur a.m. factory, street, affice bldg., etc.) Nat While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 1960 O HOSPITAL OR ATTENE Page 4 may be retained July 1967, and that death accurred at 2 f M, fram causes and on the date stated above saw the deceased alive an 22a, SIGNAJURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS directar, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS JR. MT - 2000 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (State) Gate of Heaven Cemetery Silver Sons 7-25-1967 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

Burish . Washing the of reaven to the August Toring . Third

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. STATE o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town S SINGITUTION II somin hospitologive Circent addression ter d. STREET ADDRESS ON A FARM 3. NAME OF DATE Year First Middle and campletely DECEASED OF DEATH 19 67 (Type or print) IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED . C last birthday) Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT **INDUSTRY** 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, Ellen Best Robertz 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates af service Harold A. Neff-259 Congressional Lan ROCKVIILE. MONTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ARTERIO Scherotic Heurt Disease Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) exebro Vescular NO X O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram July 10 19 62, and that death accurred at 935 A, Hom Buses and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING herer M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION REMOVAL (Specify) /22/67 Prince Georges Co. Lincoln Cemetery Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATUUL 2 4 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09828 09833 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remays_earbon papers. Pages 1 and in anvevent, within 72 hours after defat 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY b. COUNTY MARYLAND avulance c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside disporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddsess) and a street ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z ome Middle DATE NAME OF Lost Month Dov Year DECEASED OYES 1967 arlo (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE AGE (In veors 7 MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Months Doys Hours 3-18-1886 in any WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** country? please and ontroller of Baltimore 13. FATHER'S NAME LOCUMOTIVE WORKS 14. MOTHER'S MANDEN NAME or removal, en INFORMANT 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give wor or dotes of service) 3-09-490 burial, crematian, WER MA DIVER CAUSE OF DEATH (Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse has been the priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? ance NO YES TO FUNERAL DIRECTOR: After this certificate by the haspital ar for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached for OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot work ot work 21. I certify that (I) (this haspital) attended the deceased from Old 1962, that (I) (we) last 1964 to director, page 3 shauld should be filed with the 1962, and that death accurred of 72M, fram causes and an the date stated above. ine 18 saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09829 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and in by the funeral irs. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery Maryland papers. Pages 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give newest town)

Bethesda (rural) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park 25 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled 483 Chinlee Drive Naval Hospital NO X YES | WITH NAME OF Firs1 Middle 4. DATE Lost Month Year remave carben Dov DECEASED (Type or print) O'CONNOR. 67 JR. July 10 James DEATH 19 ond in any event IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Hours Male Cauc. WIDOWED DIVORCED May 13, 1935 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

U. S. Navy attending physician of sermit. Then please INDUSTRY COUNTRY? USA Orange, New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Dorothy Egan James Francis O'Connor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Lexington Park 16. SOCIAL SECURITY NO. Address New Jersey (Yes, no, or unknown) (If yes give wor or dates of service) 144-26-9900 Mrs. Arlene O'Connor, 483 Chinlee Drive burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH Embryonal Carcinoma right testicle with IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. multiple metastases. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse the State Dept. af Health priar ta last (c) SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [XC] NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) TO FUNERAL DIRECTOR: After this Not While Hour o.m. foctory, street, office bldg., etc.) of work of work 21. I certify that \$\pi\$) (this haspital) attended the deceased from June 15, 1967, to July 10, 1967, that \$\pi\$) (we) lost saw the deceased alive on July 10, 1967, and that death accurred of 620PM, fram causes and on the date stated above. directar, page 3 shauld shauld be filed with the saw the deceased alive on July 10 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 12 July 1967 x M.D PHYS 22c. PHYSICIAN'S 22d. ADDRESS Naval Hospital, Bethesda, Md. NAME (Type) B. Blanchard. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION. (County) Burlal Transit 7-17-67 Arlington Natl Cem. Arlington, Virginia ADDRESS 250. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Robert A. Pumphrey Funeral Home, 7557 Wisconsing Ave. Bethesda. Md.

11.03 farm) mechanis - PATAL BASTELLO ESA indicate lave 1120 () 20 () 5 () minst. Male Cauc. CERRED, NOW JETTICK James Primer's O' Jonnes yes 1945 1966 | Mai-20-9900 Mrs. Aris to Clomer, dif Chimles Drive District Length of Carathers after Length at the majora metaptases. warm to the late to the transaget with of the state of the s Navel Rospitel, Betognol lavel British Towns and Land to I work the Tay I at the server to the server t Homest A. Funghirsy Pungral Home, 7557 Wissenstein 12 (8df) with the first Land Are Bergerida, No.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09830 09834 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Montgomery b. COUNTY o. STATE MARYLAND Maryland Montgomery b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)

Chevy Chase c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) PHYSICIAN: The low requires that the death certificate be executed within 24 hours of Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM d. STREET ADDRESS 4701 Willard Avenue NOXX 4701 Willard Avenue NAME OF DECEASED Last DATE Month Year First and completely 190 RUTH ent, ELIZABETH OCHS DEATH IF LINDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remove das birthdoy) Months Dovs Hours White 7-14-1903 Female WIDOWED DIVORCED burial, cremotion, or removal, and in any 100) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT leose Virginia
14. MOTHER'S MAIDEN NAME Secretary
13. FATHER'S NAME JGS. Adolph Volk Mamie Johnson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. APPROVED (Yes, no, or unknown) (If yes give wor or dotes of service 577-60-0352 Karl W. Ochs-See Item #2. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retoined by the haspital or attending physician. DUE TO Conditions, if ony, which gove AND (b) rise to immediate couse (o), DUE TO stating the underlying couse director, page 3 snovia be were to the shauld be filed with the State Dept. of Health prior to last. OTIFIED WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) EXAM Hour o.m. 21. 1 certify that (1) (this haspital) attended the deceased fram. 1967, and the death occurred at 700 M. from causes and an the date stated abave. Kuly saw the deceased alive an MED. 28b. DATE SIGNED 220. SLONATURE ATTENDING M.D. 22d. ADDRESS KILVER REAP, 9241 COLUMBIA BUM NAME (Type) JAMES SPRING. Md 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BURIAL CREMATION. Burial (Specify) Suitland 7-26-1967 Cemetery Cedar Hill

Inc.

Gawler's Sons.

VR A15 (4) 25M 1/67

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH	NB SSC
E P	03031	,0000
s ari	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	ce bafora admission)
The the	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give	parast town
1 by 1 and 1	write RURAL and give nearast town)	15/
filled in Pages urs afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
ly fill ours	Suburban Hospital 714 Harrington Kd.	YES NO
apers.	3. NAME OF DECEASED (Type or print) R L R D'Dell DEATH	Yaar
comp on par	(Type or print) Baby Baby Baby Baby Baby Baby Baby Barried Never Married 8. Date of Birth 9. Age (In years W UNDER 1 YEAR)	19 6 7 IF UNDER 24 HRS.
and and	male white WIDOWED DIVORCED July 4,1947 lest birthday) Months Days	Hours Min.
ian isan isan isan isan	1Da. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN O	F WHAT COUNTRY?
hysic remo	montgomeryCo, Md, U	sa
ng p pase f in a	Jack un Lter O'Dell OpheLia Rodrisuez Perez	
endi n ple	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1
The oval,	(Yas, no, or unkown) (Ifyasgivawarordalesofservice) Lack Walter O'Dell 714 Harring	ton Ad. Roch
mit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ERVAL BETWEEN
ysici ysici ed b ed b per ' per	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Utelectasis, Pleviatul	-1 \
sign sign sign sign sign sign sign sign	7625 DUE TO Questinate	5100 20 m
andin nadin jial-tr crem	Conditions, if any, which gave rise to immediate couse DUE TO	
has has bur	(a), stating the underlying cause last.	
al or sate or sate or sate or sate	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(a) 1	9, WAS AUTOPSY PERFORMED?
ospit ertifica ior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GRYEN IN PART II.) 2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH OF ITETHER, NOTIFY MEDICAL EXAMINER.	YES NO
he h	COR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
by the d	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)
ined ined detad	Hour a.m. While Not While tactory, streat, office bidg., arc.) p.m. 19 at work at work	
TOR TOR Dept		hat (I) (we) las
IREC:	saw the deceased alive on	ate stated above
DII 3 sh he Si	22a. SIGNATURE CT LANGE STAFF DIRECTOR DIRECTOR PHYS. D	SIGNED
TTAL age 4 sage 4 with t	22c. PHYSICIAN'S 22d. ADDRESS	(11) 1 6 161
HOSPITAL	Lower O. Petoli	
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ROCKVILLE, Md.	(Stata)
H H	TIMERAL DIRECTOR'S SIGNATURE ADDRESS 258, REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNA	TURE
VR A15 (4) X 15M 9/60	Tyson Wheeler Funeral Home 1331 Rockville Pike JUL 7 1967 prompte	Long
	7-20119	

trades or store the Aprilate the State of the Maringham the then the state of the the termination of the state of mentagements, med - 1860 m They are the a selle I COLON IN MENTS The series of the series and the series of t

	It	ems 18&21 Film 391 8-11-MARYLAND STATE DEPAR	RTMENT OF HEALTH	
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W.	1. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
FOR STATE		09832 MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	09837
HEALTH DEPT.	1.		USUAL RESIDENCE (Where deceased lived, if institution: Resid o. STATE b. COUNTY	ence befare admission)
age sage	-	THEN I GOMEN MARYLAND	1/10,	Mont Co.
2, and 3 to PM3. Page		write RUPAL and give nearest tawn)	CITY OR TOWN Of autside corparate limits; write RURAL and g	ive nearest town)
22. g	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	STREET ADDRESS	e. IS RESIDENCE
oath. If uny delay agges 1, 2, and 3 ith farm PM3. Pag State Department 2 haurs after control			Cattail Kd	ON A FARM? YES NO
This certificate shauld be executed within 24 haurs after death. I cate, writing the ward "pending" in pencil in Item 18. Give Pages be forwarded to the Chief Medical Examiner's Office along with far I be used as a burial-transit permit. File pages land with the State r to burial, crematian, ar remaval, and in any event within 12 haur	3.	NAME OF First Middle Processor	Last 4. DATE Month OF	Day Year
sive of think	1	(Type or print) () are the will be	11em 5 DEATH of all	30 196/
after of alang with he	3.	The state of the s	lost hirthdoy) / Months	Days Hours Min.
hin 24 haurs a ncil in Item 18. niner's Office al pages land 2 w in any event	1Do	USUAL OCCUPATION (Give kind of work done 10h, KIND OF RUSINESS OR 11)		CITIZEN OF WHAT
n 24 h Il in It ier's 0 ier's 0 ges Ic	dur	ng most of working life, every retired) . INDUSTRY	Maryland 1	COUNTRY? A.
thin ncil ninel page in a	13.	FATHER'S NAME	. MOTHER'S MAIDEN NAME	
d within in pencil Examine File pag and in c	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	Sally Javis RMANT Address	
uted g" ii ical mit.	(Y	s, no, ar unknown) (If yes give war ar dates of service)	WHAM! 1 Addiess	
certificate shauld be executed, writing the ward "pending"." orwarded ta the Chief Medical used as a burial-transit permit.		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)		INTERVAL BETWEEN
be hief hief ansignant		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarct	ion	Sudden DEATH
auld ward he (ial-tr		Conditions, if ony, which gove) DUE TO Conditions, if ony, which gove)		
ate shauld 3 the ward 1d ta the Cl a burial-tra		rise to immediate cause (a),	Rt. atrium	Years
ficating ded ded as a		stoting the underlying cause DUE 10 last. (c)		X SECTION AND ADDRESS OF THE PARTY OF THE PA
certificate shauld , writing the ward orwarded ta the Ch used as a burial-tra burial, crematian,	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
his ate, e fo be u to b	ICATI(2Da. EXTERNAL CAUSE WAS 20h. DESCRIRE HOW INITIRY OCCURRED (Finter		YES NO
# _ 20	CERTIFICATION	ZUB. DESCRIBE HOW INJURY OCCURRED. (Enter PRIMARY CONTRIBUTING COURS OF DEATH.	er nature af injury in Port I ar Part II of item 18.)	
MEC. AL EXAMINER: olease execute the certificator. Page 4 shaulters principle of the standard for your files. DIRECTOR: Page 3 shaus of the standard agent, principle of the standard agent, principle of the standard agent, principle of the standard of th	MEDICAL	2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF		Caunty) (State)
XAN te ti ge 4 yaur yaur age	ME	p.m. 19 at wark at wark	street, affice bldg., etc.)	
AL EXA xecute Page far yau OR: Pag		21. I certify that I took charge of the remains described above, held are		
se ectar ined ined RECI		death resulted fram: Natural causes X, Accident , Suicide [, Homicide , Undetermined monner [
MECTO DIRECTOR DIRECT		ACTUAL SIGNATURE M.E.	D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
ro DEPUTY ME. AL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur or FUNERAL DIRECTOR: Page Health ar its designated age		EXAMINER'S JOHN J. ROJEND	DEPUTY MEDICAL EXAMINER	3067
o DEPUTY necessary, the funerc 5 may be 5 reverse 6 reverse 7 reverse 7 reverse 8 reverse 8 reverse 9 reverse	730	RURIAL CREMATION 236 DATE THEREOF 236 MAME OF CEMETERY OF CREM	Address (Street, city, tawn, or county) ATOR 23d LOCATION (City or Town)	(County) (Stote)
5 = = 0 = ()	1	DEMOVAL (Specify)	noterial Poologuilla	Marta Md
VR ATSME (M)	2	NUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

10	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0		09833 CERTIFICATE OF DEATH 09838
	funeral funeral and 2 er death.	1. PLACE OF DEATH a. COUNTY AND TEOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY NONTEONERY
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	d in b	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
•	A Tage R	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? ON A FARM? YES \(\sum \) NO \(\sum \)
	and completely remove onton n any event, with	3. NAME DF DECEASED (Type or print) GEORGE L Middle Last 4. DATE Month Day Year OUENS DEATH JULY 2/ 1967
	ted and a second	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Iast birthday) Norths Days Hours Min.
	n and remoin any	WIDOWED DIVORCED Dept. No. 1900 66 yrs.
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ng phy Then pl moval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	attending semit. Therein, or remove	15. WAS DECEASED EVER IN U. S., ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., or) unlayer) (If yes give in a produce of septice)
	death e atte	WARD OWERS TANLEY, VA.
	that the death certificate be sician. sician. sine by the attending physician al-transit permit. Then please al, cremation, or removal, and in the second of the second	18. CAUSE OF DEATH [Enter only the Cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	attending physician. e has been signed by se as the burial-transit the prior to burial, crem	DUE TO DUE TO
	ding physbeen sight the burier to burier	Conditions, If any, which gave rise to Immediate (b) CILLIAS DELINOUS CARDIO OVASCULAR. disease 10 yr.
	ttending the has been as the prior to	underlying cause last. (c)
	li. The la al or att ficate h for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
	SICIAN: The law hospital or atten scertificate has ched for use as pt. of Health price	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) GOVERNOR OF THE OFFICE OF THE O
	YSI h	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County Count
		21. I certify that (1) (this hospital) attended the deceased from Sept, 1964, to find 21, 1967, that (11) (we) last
	mw >	saw the deceased alive on 196, and that death occurred at 194M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
		22c. PHYSICIAN'S 22d. ADDRESS STAFF PHYS. Dury 21,1967
	Page 4 may Page 4 may 10 FUNERAL I director, page should be fill the MARCH I was a should be fill t	MAME TYPE JAMES K. COLEMAN 9241 COLUMBIA BURD MO-
	To Take 3	23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	VO AUG IN	24. FUNERAL DIRECTOR ADDRESS ADDRESS 25a, REC'D BY REGISTRAR' 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65). allhon ovalurs, 239 Carroll R. O. W. Pricen. 4 (DATE

THE MAN TO SELECT A SECURE ASSESSMENT OF THE PARTY OF THE 3 Control of the Sand Sand State of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

09839 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Virginia Montgomery MARYLAND haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico Bethesda (rural) 39 days filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Quarters 2965-A Naval Hospital NO X TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and campletely fill remave carbon s NAME OF First Middle 4 DATE Last Month Day Year DECEASED 67 PACK Connie July event, (Type or print) Sue DEATH 19 S. SEX 6. COLOR OR RACE IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Days 96 April 2, 1967 and in any WIDOWED DIVORCED -Female Cauc and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please physician (INDUSTRY COUNTRY? TISA N/A Quantico, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, attending phy Wallace L. Pack Lillian Killinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Quantico Virginia 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) S/SGT Wallace L. Pack, USMC, Quarters 2965-A No burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Letterer-Siwe's INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Disease DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending the last. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? YES K NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) TO FUNERAL DIRECTOR: After this (County) (State) Nat While Hour a.m. factory, street, office bldg., etc.) at work at work 21. I certify that (4) (this haspital) attended the deceased from May 20 to_July , 1967, that (we) last directar, page 3 should shauld be filed with the 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN'S Naval Hospital, Bethesda, Md. NAME (Type) Jerry J. Tomasovic, 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BREMOVAL (Specify) 7-11-67 Arlington National Arlington, Virginia

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Funeral Home, 7557 Wisconsin Ave., Bethesda, Mdwe

09834

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

	elu/yal			A.tman.	tnok 2
	apidon apidon		a yab. 98	(Ison) us	of red
	4-70°2 oz			Series M.	Levell
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	196T	4 7		Georgia - Land	o.Fecrois
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-oidantav	un Killinger artico ce lu luch, uhlu,	White St. 5		i. Pack	ounfield
x 10	1 stor note	100 87		niot X	
.EN ,eta	l Hospital, Bette	eval.	. L. otvonsa		
plaight	Contract Cut			70-11-0	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09840 09835 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION Of not in hospital, give street oddress d. STREET ADDRESS e IS RESIDENCE ON A FARM? campletely-filled NO 4 YES NAME OF DECEASED remave carban Middle 4. DATE Lost Month Dov Year (Type or print) 055 1960 COAST DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED AGE (In years birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, 100055 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DHE TO stoting the underlying couse lost. OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Zore certificate YES 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) TO FUNERAL DIRECTOR: After this (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work 2-24, 1956, ta 7-21, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the saw the deceased alive on 7-2/ 19 17, and that death accurred at 11:10 A. M., fram causes and on the dote stated above 220. SIGNATURE 22b. DATE SIGNED K DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) J . 814 Je min 23o. BURIAL, CREMATION. 23b. PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) H22707d 24. FUNERAL DIRECTOR VR A15 (4)

 09836

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

09841

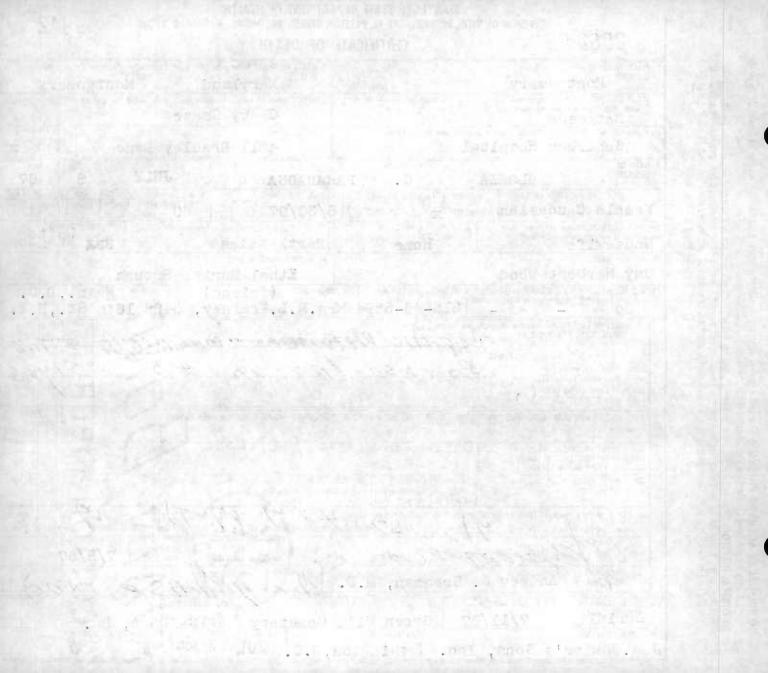
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece	ased lived, if institution	n: Residenc	e befare	admissia	in)
	o. COUNTY MC	NTGOMERY		MARYLA	ND	a. STATE MAR	YLAND	b. COUN	MON MON	T'GON	ERY	1
	b. CITY OR TOWN (If autside corporate limi	ts,	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If o	utside corpo	rote limits, write RUR.	AL ond give	neorest	town)	
	BETHESDA	d give negress town)		3 days		CHEVY C	HASE			15	,,	
	d. NAME OF HD SPIT	AL OR INSTITUTION (If n	at in haspital, g	give street address)		d. STREET ADDRESS				8	IS RESID	
6	U.S. NA	LVAL				3317 w. C	OQUELI	IN TERR.		Y	ON A FA	
3.	NAME OF DECEASED		irst	Middle	-	Last	4. DATE OF			Day	Yea	
	(Type or print)	CATHER		COCKRILI		PANKEY	DEAT			24	19 6	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		3. DATE DF BIRTH		9. AGE (In years last hirthdoy)	IF UNDER 1 Months	YEAR Days	IF UNDER Hours	24 HRS.
	FEMALE	CAUC	WIDOWED	DIVORCED		AN. 8, 191		55 yrs.	monnis	Dala	110013	
10	o. USUAL OCCUPATION	(Give kind of work dane	10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	y & State, or f	oreign country)		IZEN OF JNTRY?		
	ring most of working HOUSEWII	E.	110	DUSIKI		WASHING	ron, I	o.c.	(0)	JATKI :	USA	
13	B. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Flarence	KRILLE				Rosa L	ee Gr	roves				
		R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO.	17. 1	NFORMANT		CHEVYAddres	s CHA	SE,	MD.	
1,	NO	(ii yes give war ar dates	al service)	NONE	RUS	SELL G. PA	NKEY	3317 W. C				
	18. CAUSE OF DI	EATH (Enter anly ane ca	use per line far	(a), (b), and (c).)							RVAL BETV	
	PART I. DEA	TH WAS CAUSED BY:	(a) CAR	CINOMA OF T	HE (CERVIX (EPI	DERMO.	ID)		DNSI	ET AND DI	EATH
	17/X		10									
	Canditions, if ony	, which gave)	(b)									
	rise to immediat		10									
	last.)	(c)				45					
7	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELAT	ED TO	HE TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(a)		19.	WAS AUTO	PSY
											PERFORME	NO \square
FIG	2Da. ACCIDENT WA	S UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCU	JRRED.	Enter nature of injury in	Part I or Po	ort II of item 18.)			NZ.	
GER	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL CERTIFICATION	2Dc. TIME OF INJ	URY Manth, Day, Year	2Dd. II	NJURY OCCURRED 2	De. PLA	E OF INJURY (Hame, far	m, 2Df.	(City or town)	(Cou	nty)	(!	State)
MFB G	Haur a.r p.r	10	While at war		fact	ory, street, office bldg., etc	.)					
		11.		ded the deceased fr	om	TITT IC OI	19 (17	to TIIT V O	19 4	cry the	d (1) (s	val las
	saw the de	eceased alive an_	pridity direction	. 19 cm an	d that	death occurred at	1/ : /OP	M. fram causes a	ind on th	e date	stated	abave
	22a. SIGNATURE	1000	7757 2	4/7 9/	-				22b. DA			-
	The state of the s	110,10	1/)	Mento	1 M	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1	7/2	4/6	7
	22c. PHYSICIAN'S	Mic		July 1				ITAL, BET	TIPEDA	MO	101	
	NAME (Type)	NEIL D.	JACKSON			US NAVAL	HUSP	TIAL, DEL	TEODA	, ME	•	311
23	a. BURIAL, CREMATIC		IEREOF	23c. NAME OF CEMETE	RY DR	CREMATORY	23d. L	OCATION (City or Tow RLINGTON	/n)	(Caunty)	(S1	tate)
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	4. FUNERAL DIRECTO	Toseph G	awler &	Son Son Ener	al	Home 25a. REC	D BY REGIS	TRAR 25b. REC	SISTRAR'S SI	GNATURE		115
	5130 Wisc			Washington.		C. DATE	IUL 3	1 1967	Clas	eles	Jud	de

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

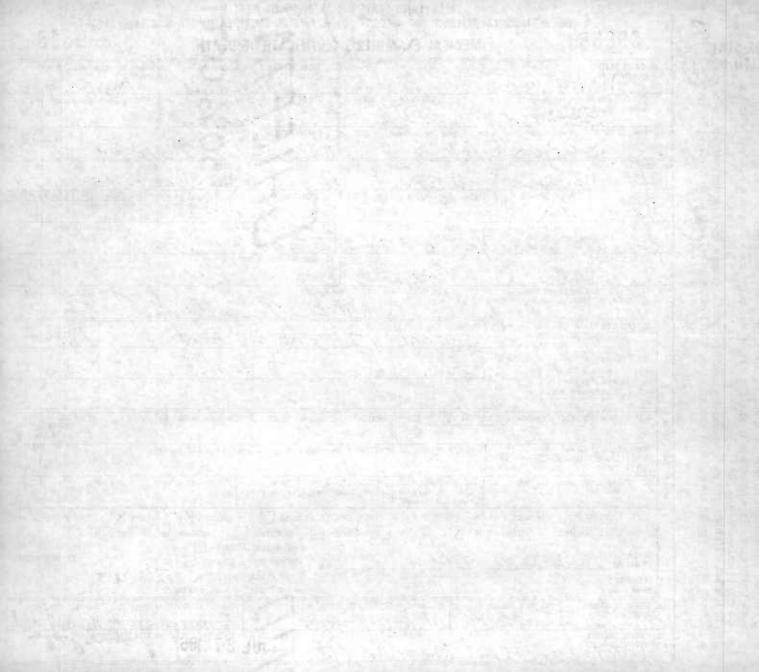
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furered director, page 3 shauld be detached far use as the burial-transit permit. Then please remade perton pagers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after leath VR A15 (4) 25M 1/67

TOTAL THE MINES OF PERSON cover the Month Lea Groven CONTRACT OF SECTION Control of the Contro The Machine Are., E.M. Rechingon, E.C.

MARYLAND STATE DEPARTMENT OF HEALTH 09842 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09832 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery o. COUNTY o. STATE Montgomery MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Chevy Chase Bethesda frony event, within 72 hou d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Suburban Hospital 4011 Bradley Lane YES NO K physicion and completely ti en please remove carban NAME OF DATE First Middle Year Lost Day DECEASED JULY GLORIA C. PARANAGUA 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 69 vrs Months Hours Caucasian 8/30/97 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Home during most of working life, even if retired) puo North Wales 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys buriol, cremotian, or removol, Guy Herbert Wood Ethel Murial Brough 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 216-46-5594 Mrs.R.L.Kearney, 3426 16th 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar ottending physician. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the **DIRECTOR:** After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? , page 3 shauld be detached for use be filed with the State Dept. of Health YES NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office blda., etc.) Hour o.m. of work 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred fram causes and an the date stated above saw the deceased alive an 220. 22b. DATE SIGNED 7/8/67 X DIRECTOR PHYS 22d ADDRESS 22c. PHYSI O FUNERAL Andrew Brennan, M.D. director, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, BENDAY (2000 LA) Waynesboro, 7/11/67 Cemetery Green Hill 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Jos. Gawler's Sons. Inc. Washington, D.C. DATEJU



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09835 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERY o. COUNTY PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) dent, and 3 to and 3 to Page o. STATE b. COUNTY MARYLAND deo Department b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 c. CITY OR FOWN (If ootside corporate limits, write RURAL and give nearest town) after AITHERSBU d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? form hours Item 18. Give Poges YES NO 24 hours after death. Office olong with NAME OF Middle DATE Dov Year within 72 DECEASED OF DEATH (Type or print) With SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH Jost birthdoy) Months Doys Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? UNTON etiRed pending" in pencil in ef Medical Examiner's poges in ony Ony pencil FATHER'S NAME be executed within Unknower ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Sar 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, ng, or unknown) (If yes give yor or dotes of service removol. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH COSONASY 10 IMMEDIATE CAUSE (o) e, writing the word farworded to the Ch This certificate should cremotion, DUE TO Cardio Vascular Disease 42313 Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse burial, last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate. NO 0 pe 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge Not While at work ot work 21. I certify that I took charge of the remains described obove, held an Autapsy Inspection X Inquiry X ond in my opinion death resulted fram: Natural couses . Accident . Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09839 09844 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

Olney c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 3wks 3days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Montgomery General 3632 Gleneagles Dr. Apt NAME OF Middle Lost 4. DATE Year DECEASED Adah DEATH July 12 Florence Patterson S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7. MARRIED lost birthdoy) Months Doys ond in ony WIDOWED + DIVORCED 3-17-91 ond 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY, own home Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Emma Edgar William H. Otto 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Homer I Patterson 9700 Dyer ST. Elpaso, Texas 220-34-85778 burial, cremotion, No 18. CAUSE OF DEATH (Enter only one couse per line to-(a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be refained by the hospital or attending physician. DUE TO nours Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Itnemia NO After this certificate Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased fram June 17, 19, 67, to July 12, 19,67, that (I) (we) last saw the deceased alive an July 12, 19,67, and that death accurred 2:26A, M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard A. Yatles Old Baltimore Rd. Olney. Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) George Washington Riggs Rd. Adelphia, 2So. REC'D BY REGISTRAR Inc. 8434 Ga. Ave. , S.S., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09845 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death. funeral 1 and 1er deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY nTgomeru ind campletely filled in by the fur femove carbon papers. Pages 1 any event, within 72 hours after MARYLAND Irainia. b. CITY OR TOWN (If ourside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) a OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i 805 YES NO X NAME OF DATE Month Doy Year DECEASED ran (Type or print) DEATH Jul SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In veors 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Doys Hours -18-0 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in physicion a during most of working life, even if retired) **INDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, signed by the attending phy burial-transit permit. Then WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) I(If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: (b); ond (c)/ ONSEL AND DEATH IMMEDIATE CAUSE **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part Let Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) While ot work ot work 21. I certify that (1) (this hospital attended the deceased from and that death accurred at 1122M, fram causes and on the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Carro 7030 BURIAL, CREMATION, 230. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)

VR A15 (4) 25M 1/67 24. FUNERAL DIRECTOR

EVERLY-WHEATLEY FUNERATIONE ALEXANDRIA, 14 DANUL 7. 1967 yoursey your

ADDRESS

REC'D BY REGISTRAR

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2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

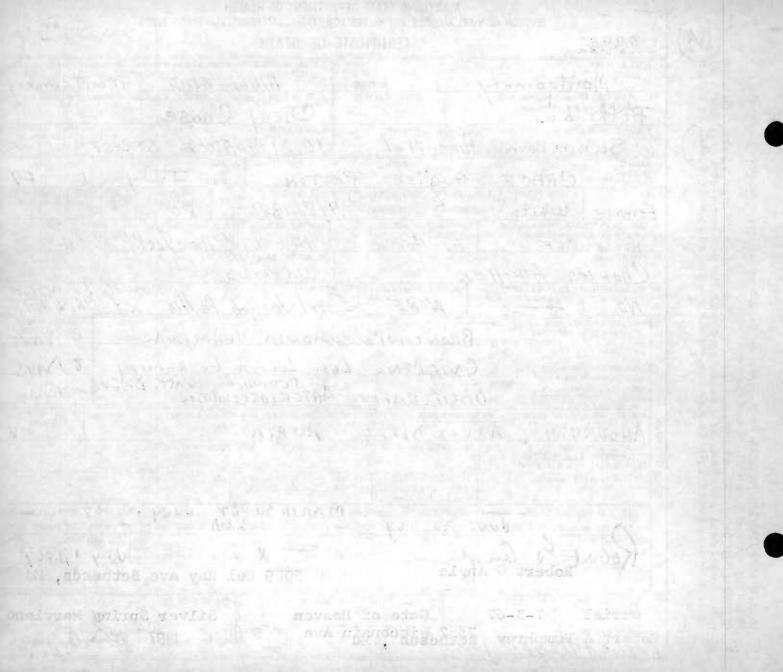
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

CERTIFICATE OF DEATH

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by th Offer the be de Stote	W	p.m. 19 otwark atwark
Aft be St		21. I certify that (I) (this hespital) attended the deceased from MARCH 30, 1967, to July 1, 1967, that (I) (we) last
# Pologe		som the deceased alive on www. 30 1967, and that death occurred at 3.30 M, from causes and an the date stated above
be refound DIRECTOR 3e 3 shou led with the		224. SIONATURE O C ATTENDING MED. STAFF 22b. DATE SIGNED
or seed v		M.D. PHYS. DIRECTOR PHYS. WULY 1,1967
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roy FUNERAL FUNERAL irector, page hould be fi		Time (1) [ps]
Should	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (County) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09842 CERTIFICATE OF DEATH be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE b. COUNTY Monteomery
b. CITY OR TOWN (If ausside carparate limits, write RURAL and give nearest tawn) MARYLAND Maryland Montgomery c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b Takoma Park 17 days d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) carban papel WITTE Washington Saniatiarium and Hospital 617 Elm Avenue 3. NAME OF Middle 4. DATE Month campletely DECEASED July (Type or print) ownter DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last b . thday) WIDOWED DIVORCED 12-20-93 white male pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY ATTENDING PHYSICIAN: The law requires that the death certificate Retired
13. FATHER'S NAME Kentucy 14. MOTHER'S MAIDEN NAME or remaval, attending physpermit. Then p IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) Patient's chart 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) by the signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 0 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18. be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) TO FUNERAL DIRECTOR: After this TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While at work 19 65 to director, page 3 shauld shauld be filed with the saw the deceased alive an 22o. SIGNATURE ATTENDING STAFF M.D. DIRECTOR 22d. ADDRESS

VR A15 (4)

WAS AUTOPSY PERFORMED? (County) (State) and that death accurred at Himm. M, fram causes and on the date stated above. Guiswold mp 430 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) BHRIAL 7/21/67 BALTIMORE NATIONAL BALTIMORE ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR GASCH'S HYATTSVILLE. MARYLAND

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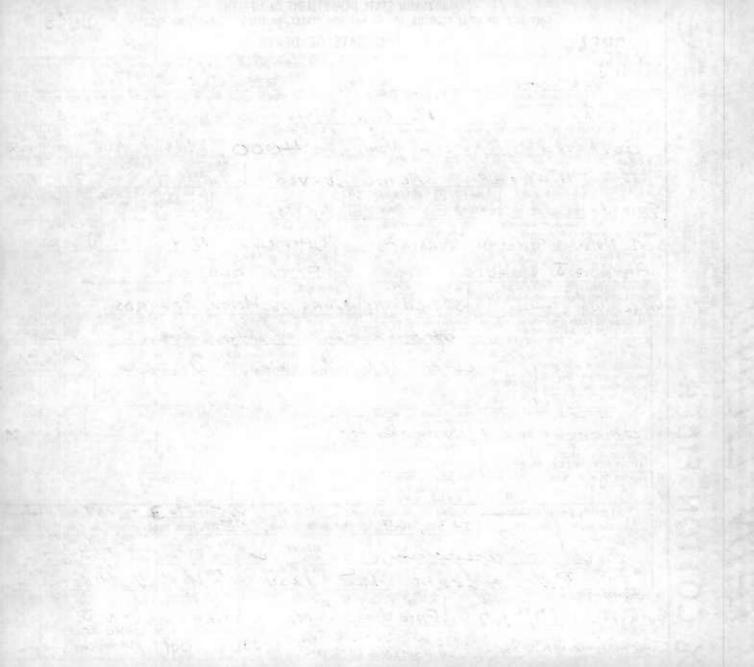
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09843 09848 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomery Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 16 days Sandy Spring, Md. d completely fitted in b mave carban papers ny event, wirmm72 hai d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Box 81 YES NO [Montgomery General NAME OF Middle Lost 4. DATE Month Ogy Year DECEASED 1967 Pratt Bessie July (Type or print) DEATH and in any event, S. SEX 6. COLOR OR RACE IF UNOER 1 YEAR IF UNDER 24 HRS. B. OATE OF BIRTH 7. MARRIED AGE (In years **NEVER MARRIED** birthdoy) 8-6-92 Months Dovs Hours Female Negro WIDOWED XX DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? USA Maryland Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, George Jackson Margaret Hopkins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line PART I. OEATH WAS CAUSEO BY: burial-transit IMMEDIATE CAUSE (o) þ **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse certificate has been Health priar to far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART 19. WAS AUTOPSY PERFORMEO? 200. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO. (Enter notice of injury in Port I or Port II of item 18.) State Dept. af detached 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) Hour 'o.m. foctory, street, office bldg., etc.) Not While ot work ot work FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) extended the deteased fram director, page 3 shauld shauld be filed with the 6:15 m ram causes and an the date stated above. saw the decepted alive or and that death accurred at 22o. SIGNATURE STAFF M.D. DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S NAME (Type) Dr. Chatles Ligon 23o. BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (County) (Stote) REMOVAL (Specify)
BURIAL 9 7/22/67 SANDY SPRING CEMETERY 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR **ADDRESS** 25o. REC'O BY REGISTRAR VR A15 (4 25M 1/67 DAUUL 24 1967 ROCKVILLE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. funerol 1 and 2 ter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed fived, if institution: Residence before admission) o. COUNTY signed by the ottending physician and completely filled in by the fur buriol-tronsit permit. Then please remove carbon papers. Pages 1 buriol, cremotion, or removol, and in ony event within 72 hours after MARYLAND (If autside corparate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) WashINGTON d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) 4000 NUSSING 3. NAME OF 4. DATE Month Year DECEASED 0,7 BLAKE URVIS 196 (Type ar print) DEATH 9. AGE (In years IF UNDER IF UNDER 24 HRS S. SFX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Cave 1-5-85 WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during mast of warking life, even if retired) COUNTRY? INDUSTRY SUPT NUISING ESOCATION
13. MATHER'S NAME Weter town NURSING 14. MOTHER'S MAIDEN NAME BLAKE HRTHUR J. FLLEN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor or dotes of service) NURSING HOME 60-643x UNKNOWN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardia IMMEDIATE CAUSE (o) DUF TO Canditians, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 2Do. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, 2Dd. INJURY OCCURRED (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office bldg., etc.) ot work 21. I certify that (1) (this hospital) attended the deceased fram_ May , 1965, to MAY 30, 1967, and that death accorred at 2 MM, fram causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS 22d. ADDRESS 22g PHYSICIAN'S O FUNERAL NAME (Type) 234 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (Caunty) (State) BU REMOVAL (Specify) RED BANK, N. FAIR VIEW CEM. 250. REC'D BY REGISTRAR DATE JUL VR A15 (4) 25M 1/67 JOSEPH GAWLER'S SONS WASHING TON D.C.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09845 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ricurs after death 1 ond er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MONTGO MERY o. STATE b. COUNTY MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN (If autside corporofe limits, c. LENGTH OF STAY IN 1b. c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) oon popers. Pag within 72 hours JILVER SPRING. 3 MONTH. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress). d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2105 2105 GRENERY Greenpuy Ab 302. NAME OF Middle remove corbon First 4. DATE Year DECEASED July ANDERSON QuiNLAM. TRACE event, 1967 (Type or print) DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Novomber 12, 1906 Doys Hours in any WHITE WIDOWED DIVORCED (2D) VIS. 10 10o. USUAL OCCUPATION (Give kind of work done 10b: KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?USA during most of working life, even if retired) **INDUSTRY** and CHICAGO, Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANDREW Anderson PIHLO Siane 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) nlan 218-56-5544 burial, cremption, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit MEDIASTINA IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove 1-3 HUNNIES 9 THROM BOSES rise to immediate cause (a). DUE TO prior to stoting the underlying couse Days lost 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? has of Health HI/K YES NO certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram APRIL 27 19.67 to duly 22, 1967, that (1) (we) last should 1967, and that death accurred at \$300 M, fram causes and on the date stated above. saw the deceased alive on_ July 15 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, page 3 should be filed v M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS GRAZIANI NAME (Type) 10101 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Gate of Heaven Cemetery Silver Spring Maruland 19675b. REGISTRAR'S SIGNATURE 250. REGID BY REGISTRAR 8434 Georgia Avenue VR A15 (4) 25M 1/67

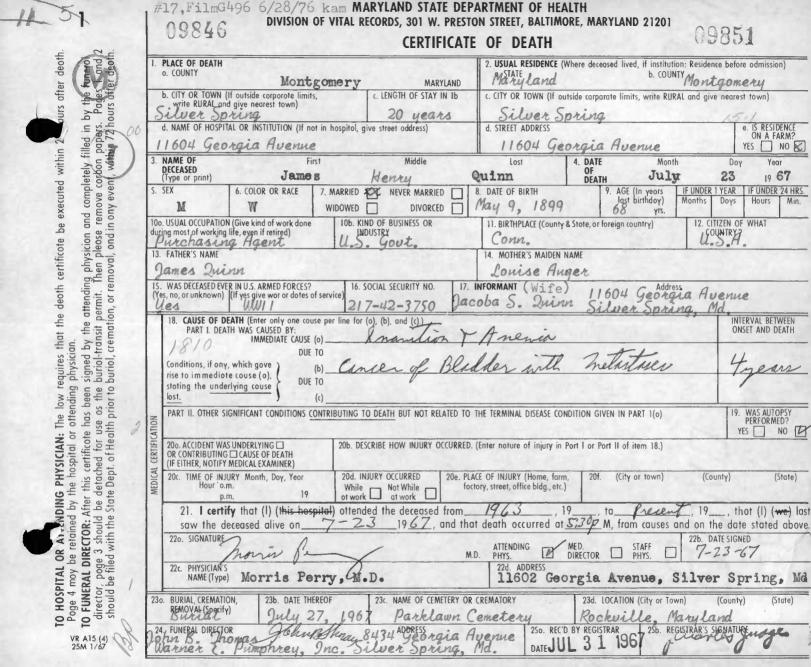
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